


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90009 007 \*\*\*\*70.00

<b>DOCUMENT # N34626</b>					
1. Entity Name FIRST BAPTIST OF BRANNANFIELD, INC.					
Principal Place of Business 908 BRANNANFIELD ROAD MIDDLEBURG, FL 32068 US			Mailing Address P.O. BOX 622 MIDDLEBURG, FL 32050-0622 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2989158	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIFFIN, JAMES V. 1278 FOXMEADOW AVE. LOT #B-8 MIDDLEBURG, FL 32068			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREY, HARRY		NAME		
STREET ADDRESS	3494 DEVILWOOD STR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, JAMES V.		NAME	Walter Riles	
STREET ADDRESS	1278 FOXMEADOW TRAIL		STREET ADDRESS	1653 Big Branch Road	
CITY-ST-ZIP	MIDDLEBURG, FL		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID		NAME	Smith, David	
STREET ADDRESS	83 MONDRAKE ST		STREET ADDRESS	83 mandrake st	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, Fla. 32068	
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CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Smith</u> <u>5/9/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2989158 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Make check payable to Florida Department of State

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