


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N37765 1. Entity Name FIRST BAPTIST CHURCH OF JESUS CHRIST, INC.	
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Principal Place of Business 3600 AVE, M., NW WINTER HAVEN FL 33880 US	Mailing Address P.O. BOX 936 AUBURNDALE FL 33823 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3014471	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MATTOX, RAY 170 E CENTRAL AVE WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
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	(NOTE Registered Agent signature required when reinstating)	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete
TITLE	D	<input type="checkbox"/>
NAME	ROLAND, KAREN	
STREET ADDRESS	6907 BROOKRIDGE TRAILS	
CITY- ST- ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/>
NAME	FOSTER, CLYDE	
STREET ADDRESS	2980 THORNHILL ROAD	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/>
NAME	STRAIT, BETTY	
STREET ADDRESS	122 7TH TERI	
CITY- ST- ZIP	WAHNETA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	1000000222433	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	02/09/05-80074-016 61.25		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(f), 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: <i>Rev Clyde D Foster</i>	2-7-05	863-967-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #