

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

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 043 ****61.25

DOCUMENT # N37808

1. Entity Name

FIRST BAPTIST CHURCH OF GREENSBORO,
INCORPORATED, GADSDEN COUNTY, GREENSBORO,



Principal Place of Business

Mailing Address

101 GADSDEN AVE
GREENSBORO FL 32330

P.O. BOX 100
GREENSBORO FL 32330

2. Principal Place of Business

3. Mailing Address

101 E. Gadsden Street
Suite, Apt. #, etc.

PO Box 100
Suite, Apt. #, etc.

Greensboro, FL 32330
City & State

Greensboro, FL 32330
City & State

Zip
32330

Country
Gadsden

Zip
32330

Country
Gadsden

6. Name and Address of Current Registered Agent

WILLIS, W.E., SR.
HWY. #12
GREENSBORO FL 32330

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MACON, CHARLIE
P.O. BOX 127, HWY 12 N/A
GREENSBORO FL 32330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WILLIS, W.E.
205 SELMAN STREET
GREENSBORO FL 32330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
KEVER, TERRY
P.O. BOX 257 N/A
GREENSBORO FL 32330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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:

Charlie Macon Charlie Macon, Deacon & Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/18/04 850-442-6202