


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90072 050 ****61.25

DOCUMENT # N39046
 1. Entity Name
FIRST BAPTIST CHURCH OF WINTER BEACH, INC.



Principal Place of Business: **6655 N. US #1 WINTER BEACH FL 32971**
 Mailing Address: **P.O. BOX 156 WINTER BEACH FL 32971**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-1971712** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
ANDERSON, JANET
6020 65TH ST., P.O. BOX 51
WINTER BEACH FL 32971

7. Name and Address of New Registered Agent
 Name: **MARJORIE CLOUSTON**
 Street Address (P.O. Box Number is Not Acceptable): **955 28th AVENUE**
 City: **VERO BEACH** FL Zip Code: **32960**

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: *Marjorie Clouston* **Marjorie Clouston** Treasurer **1-30-04**
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, 2004

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	PT HAMILTON, ALFRED J 5940 26TH ST. VERO BEACH FL 32966 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BASS, G. EARL 7546 59TH AV VERO BEACH FL 32967 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLOUSTON, REX 955 28TH AV VERO BEACH FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, JANET 6020 65TH ST. VERO BEACH FL 32971 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARJORIE CLOUSTON 955 28th AVENUE VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marjorie Clouston* / **MARJORIE CLOUSTON** **1-30-04** **772-567-5268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #