


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90091 039 \*\*\*\*70.00

<b>DOCUMENT # N39046</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1971712	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLOUSTON, MARJORIE 955 28TH AVENUE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name: LEAH R MAIN Street Address (P.O. Box Number is Not Acceptable): 864 MULBERRY ST City: SEBASTIAN FL Zip Code: 32958		
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: <i>Leah R. Main</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/22/05	
Filing 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, ALFRED, J	NAME			
STREET ADDRESS	5940 26TH ST.	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASS, G. EARL	NAME			
STREET ADDRESS	7546 59TH AV	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLOUSTON, REX	NAME	Clouston, Rex		
STREET ADDRESS	955 28TH AV	STREET ADDRESS	955 28th AV		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLOUSTON, MARJORIE	NAME	MAIN, LEAH		
STREET ADDRESS	955 28TH AVENUE	STREET ADDRESS	864 MULBERRY		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	SEBASTIAN FL 32958		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	HECKMAN, GERALD		
STREET ADDRESS		STREET ADDRESS	6315 48th AVE		
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32967		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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: <i>Rex Clouston (REX CLOUSTON)</i>		Date: 4-22-05		Daytime Phone #: 772-567-5268	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	