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

## Jul 28, 2004 8:00 am **Secrétary of State** DOCUMENT # N40954 1. Entity Name 07-28-2004 90015 044 \*\*\*\*61.25 INDEPENDENT BIBLE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 150 S CHERRY ST 150 S CHERRY ST STARKE FL 32091 54065109 STARKE FL 32091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE City & State Applied For City & State 4. FEI Number 59-2516983 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEN <u>09eR</u> WORTEN, ROGER (P.O. Box Number is Not Acceptable) Street Addre 725 CENTRAL AVE RAIFORD FL 32083 Zip Code 3209 / City STARKE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TRUSTER Addition TITLE Defete Change Gary R. LAFFERTY MOBLEY, EDWARD NAME NAME P.O. BOX 433 N/A STREET ADDRESS STREET ADDRESS 2255 SR X30 E STARKE FL:32091-0433 CITY-ST-ZIP CITY-ST-ZIP STARKE, Fh 3-2091 Addition TITLE ☐ Delete TITLE TRUSTEC ☐ Change CRAPSE, MICHAEL SR. NAME NAME Floyd Tomlinson RT 1 BOX 792 STREET ADDRESS 220 S.E. IST ST. STREET ADDRESS LAWTEY FL CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition MURPHY, GENE R. NAME NAME STREET ADDRESS RT 3 BOX 1319 STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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.

FILED