

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N41171

1. Entity Name
FIRST BAPTIST CHURCH OF LAWTEY, INC.



Principal Place of Business
**P O BOX 256
ADAMS ST
LAWTEY, FL 32058 US**

Mailing Address
**P O BOX 256
LAWTEY, FL 32058 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3108241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWYER, JOHN R
1798 ADAMS ST
LAWTEY, FL 32058**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 VP ☐ Delete
NAME ROSIER, ROBERT
STREET ADDRESS 4143 NW 233RD ST
CITY-STATE-ZIP LAWTEY, FL 32058

TITLE D ☐ Delete
NAME SELLERS, RONNIE
STREET ADDRESS P O BOX 1345 N/A
CITY-STATE-ZIP STARKE, FL

TITLE D ☐ Delete
NAME TYLICZKA, ROBERT M
STREET ADDRESS 1303 W. PRATT ST
CITY-STATE-ZIP STARKE, FL

TITLE ST ☐ Delete
NAME HARDEE, STEVEN
STREET ADDRESS 426 NE 264TH ST
CITY-STATE-ZIP LAWTEY, FL 32058

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
U000000147587
05/03/04-80114-004 61.25

☐ 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/04 Daytime Phone #