

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42882

FILED
Mar 09, 2005
Secretary of State

Entity Name: BRADFORD BAPTIST CHURCH, INC.

Current Principal Place of Business:

% BRUCE J. SCOTT
10409 SE SR-100
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

% BRUCE J. SCOTT
P.O.BOX 1207
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2501988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, BRUCE J.
1205 BUTLER RD
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, FREDERICK
Address: 1206 W. MADISON STREET
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: FALSTREAU, CRAIG,
Address: 18861 NW 127TH AVE
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD () Delete
Name: SCOTT, BRUCE J.,
Address: 1205 BUTLER RD.
City-St-Zip: STARKE, FL 32091

Title: TR () Delete
Name: EUNICE, EMORY
Address: 1855 NW 246TH ST.
City-St-Zip: LAWTEY, FL 32058

Title: TR () Delete
Name: HODGES, HENRY
Address: NE 20TH STREET
City-St-Zip: LAWTEY, FL 32058

Title: TR () Delete
Name: GULICK, LARRY
Address: 7692 OAK DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE JOHNS

S

03/09/2005

Electronic Signature of Signing Officer or Director

Date