


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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 046 ****61.25

DOCUMENT # N44934

1. Entity Name
FIRST BAPTIST CHURCH OF GREEN COVE SPRINGS, FLORIDA, INCORPORATED



Principal Place of Business Mailing Address
**615 WALNUT ST.
 GREEN COVE SPRINGS FL 32043** **615 WALNUT ST.
 GREEN COVE SPRINGS FL 32043**

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1156004 Not Applicable

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

6. Name and Address of Current Registered Agent
**DYE, TERRY W
 106 LEWIS DR.
 GREEN COVE SPRINGS FL**

7. Name and Address of New Registered Agent
 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 _____ (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 DYE, TERRY W	<input type="checkbox"/> Delete
STREET ADDRESS 106 LEWIS DRIVE	
CITY-ST-ZIP GREEN COVE SPRGS FL	
TITLE NAME MANN, CLAUDE W., JR.	<input type="checkbox"/> Delete
STREET ADDRESS 930 LANDRETH ROAD	
CITY-ST-ZIP GREEN COVE SPRGS FL	
TITLE NAME CLASS, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS 809 CYPRESS AVE	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	
TITLE NAME CARTER, DE	<input type="checkbox"/> Delete
STREET ADDRESS 702 GOVERNOR CIR	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	
TITLE NAME CARTER, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS 702 GOVERNOR CIR	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ Date: **4/27/04** Daytime Phone #: **904-284-9237**

