

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45978

FILED
Mar 22, 2005
Secretary of State

Entity Name: COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business:

217 HILLCREST STREET
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2556
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3104330 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, CAROLYN C
217 HILLCREST STREET
LAKELAND, FL 33815 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: PD () Delete
Name: WILLINGHAM, JEAN
Address: 1698 MANOR WAYS
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MD () Delete
Name: ANDERSON, CAROLYN,
Address: 817 LEXINGTON ST
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: MCQUAIG, DAWSON JR
Address: 3158 FERNS GELN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: DIETZ, ROBERT
Address: 2421 NORTH WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: MCKIBBEN, CANDACE
Address: 6734 LAYTON COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: STRAWN, BUD
Address: 8623 15TH WAY NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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
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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: CAROLYN C. ANDERSON

MD

03/22/2005

Electronic Signature of Signing Officer or Director

Date