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

## Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # N47753 1. Entity Name 03-15-2004 90054 030 \*\*\*\*61.25 THE FIRST BAPTIST CHURCH OF BARBERVILLE, INC. Principal Place of Business Mailing Address P.O. BOX 97 BARBERVILLE FL 32105 BARBERVILLE FL 32105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2379251 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWELL, HAROLD - -Street Address (F O. Box Number is Not Acceptable) 2120 E. STATE RD 40 DE LEON SPRINGS FL 32130 Main City omana 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. .3-7-04 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Trustee ☐ Delete TITLE Change BOWER, JOHN NAME NAME JACKSON 4126 WOODLAND CIR EAST MAIN ST. STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-7IP CITY-ST-7/P POMOMA Park TITLE **D**elete TITLE Treasurer ☐ Change ■ Addition POWELL, HAROLD NAME NAME Judy Jackson 229 East Main 2120 E STATE RD 40 STREET ADDRESS STREET ADDRESS **DELEON SPRINGS FL 32130** CITY-ST-ZIE CITY-ST-ZIP POMONA Trustee TITLE ☐ Delete Change Addition MIKALIK, JOHN 4112 WOODLAND CIR STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-7IP Trustee ☐ Delete TITLE TITLE Change ☐ Addition Terry Jackson 229 East Main St. NAME NAME STREET ADDRESS STREET ADDRESS 32/8/ CITY-ST-ZIP CITY-ST-ZIP Pomona Park Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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), Fiorida 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