


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N49745
 1. Entity Name
FIRST BAPTIST CHURCH OF SANFORD, INC.



Principal Place of Business 519 PARK AVE. SANFORD, FL 32771	Mailing Address 519 PARK AVE. SANFORD, FL 32771
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01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0818916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLBERT, WILLIAM L.
 519 PARK AVE.
 SANFORD, FL 32771

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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 title 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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, ARTURENE 431 ELLIOTT AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC COLBERT, WILLIAM L. 200 W. 1ST ST. - SUITE 22 SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHT, DON 2541 MAGNOLIA AVE. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITMIRE, R.C. 219 W. 18TH STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80047-008 61.25

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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 like empowered.

SIGNATURE: William Colbert 1-15-04 407 322 2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #