# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2005**
**Secretary of State**

DOCUMENT# N49745

**Entity Name:** FIRST BAPTIST CHURCH OF SANFORD, INC.

**Current Principal Place of Business:**

519 PARK AVE.
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

519 PARK AVE.
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number: 59-0818916** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLBERT, WILLIAM L.
519 PARK AVE.
SANFORD, FL 32771 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: T ( ) Delete
Name: COOK, ARTURENE
Address: 431 ELLIOTT AVE
City-St-Zip: SANFORD, FL 32771

Title: TC ( ) Delete
Name: COLBERT, WILLIAM L.
Address: 200 W. 1ST ST. - SUITE 22
City-St-Zip: SANFORD, FL

Title: T ( ) Delete
Name: KNIGHT, DON
Address: 2541 MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: WHITMIRE, R.C.
Address: 219 W. 18TH STREET
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition
Name: COOK, ARTHURENE
Address: 431 ELLIOTT AVE
City-St-Zip: SANFORD, FL 32771

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

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

Title: T (X) Change ( ) Addition
Name: DUGGAR, JOE
Address: P O BOX 83
City-St-Zip: SANFORD, FL 32772

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: PEGGY G. NOELL BKPR 04/04/2005

Electronic Signature of Signing Officer or Director — Date