

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50491

1. Entity Name
FIRST BAPTIST CHURCH OF MINNEOLA, INC.



Principal Place of Business
**105 GALENA ST
MINNEOLA, FL 34755 US**

Mailing Address
**P.O. BOX 596
MINNEOLA, FL 34755**

FILED
Apr 22, 2004 08:00 AM
Secretary of State



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1706895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKLAND, EARL
999 EAST PLUM LAKE LANE
MINNEOLA, FL 34755**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

**U00000124686
04/22/04-80053-016 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TS
ASBURY, SARAH
213 E CHESTER ST
MINNEOLA, FL 34755**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ASBURY, JACK
213 E CHESTER ST
MINNEOLA, FL 34755**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
TYNDAL, PRENTICE
464 JUNIATA ST
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Sarah Asbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 352-394-3957
Date Daytime Phone #