


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90051 021 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1706895	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KIRKLAND, EARL 999 EAST PLUM LAKE LANE MINNEOLA, FL 34755				7. Name and Address of New Registered Agent --Name-- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASBURY, SARAH		NAME		
STREET ADDRESS	213 E CHESTER ST		STREET ADDRESS		
CITY - ST - ZIP	MINNEOLA, FL 34755		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	Chairman of Trustees <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASBURY, JACK		NAME	Marvin Taylor	
STREET ADDRESS	213 E CHESTER ST		STREET ADDRESS	10817 Libby Rd.	
CITY - ST - ZIP	MINNEOLA, FL 34755		CITY - ST - ZIP	Clermont, FL 34711	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYNDAL, PRENTICE		NAME		
STREET ADDRESS	464 JUNIATA ST		STREET ADDRESS		
CITY - ST - ZIP	CLERMONT, FL 34711		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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), 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 - Secretary Sarah Asbury 1-21-05 352-394-3957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					