

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50631

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: FLORIDA BAPTIST CONVENTION, INC.

**Current Principal Place of Business:**

1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1230 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 59-0766980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SULLIVAN, T G JOHN  
1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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: VD ( ) Delete  
Name: FERNANDEZ, AL  
Address: PO BOX 650876  
City-St-Zip: MIAMI, FL 33265

Title: PD ( ) Delete  
Name: CRAWFORD, GARY L  
Address: 10000 W NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete  
Name: SULLIVAN, T G JOHN,  
Address: 1230 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: OWENS, GLEN E,  
Address: 1230 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: WRIGLEY, GREG  
Address: 384 LOGAN AVENUE  
City-St-Zip: ORANGE PARK, FL 32065

Title: S ( ) Delete  
Name: BAUMGARDNER, STEPHEN, S L.  
Address: 1230 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: VD (X) Change ( ) Addition  
Name: HUCKABEE, RANDY D  
Address: 401 SOUTHWEST FOURTH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD (X) Change ( ) Addition  
Name: BRYANT, BEN P  
Address: 7881 STATE ROAD 21  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

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

Title: D (X) Change ( ) Addition  
Name: ADAMS, GAIL  
Address: 1650 17TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

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

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: T G JOHN SULLIVAN

DR.

02/14/2005

Electronic Signature of Signing Officer or Director

Date