


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 047 ****61.25


DOCUMENT # N93000000264	
1. Entity Name MISSION BAPTIST CHURCH, INC.	

Principal Place of Business 350 N WASHINGTON AVE STE L TITUSVILLE FL 32796	Mailing Address 350 N WASHINGTON AVE STE L TITUSVILLE FL 32796
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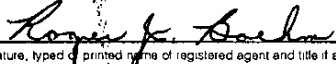
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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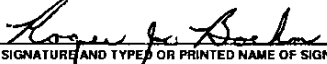
	
1st MOORE	CR2E037 (10/04)
4. FEI Number 59-3165511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMB, ALBERT G 4048 FAIRFAX DR. MIMS FL 32754		7. Name and Address of New Registered Agent Name BOEHM, ROGER J. Street Address (P.O. Box Number is Not Acceptable) 1712 N. EDEN CIRCLE City TITUSVILLE FL Zip Code 32796	
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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 	ROGER J. BOEHM, PRESIDENT	3/10/05	DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILBANKS, DENNIS 4048 FAIRFAX DR. MIMS FL 32754 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOEHM, ROGER 1712 N. EDEN CIR. TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILBANKS, NANCY 4048 FAIRFAX DR. MIMS FL 32754 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILBANKS, DENNIS 4048 FAIRFAX DR. MIMS, FL 32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUTHOF, PATRICIA 2425 CHRISTINE DR. TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOEHM, DIANE 1712 N. EDEN CIR. TITUSVILLE, FL 32796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOEHM, ROGER 1712 N EDEN CIRCLE TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILBANKS, NANCY 4048 FAIRFAX DR. MIMS, FL 32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	ROGER J. BOEHM	3/10/05	321-269-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #