


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90039 014 \*\*\*\*61.25

<b>DOCUMENT # N93000000839</b>	
<b>1. Entity Name</b> FIRST BAPTIST CHURCH OF ZELLWOOD, INC.	

<b>Principal Place of Business</b> 2903 WINIFRED ST. P.O. BOX 517 ZELLWOOD FL 32798	<b>Mailing Address</b> 2903 WINIFRED ST. P.O. BOX 517 ZELLWOOD FL 32798
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
-------------------------	-------------------------

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
------------	----------------	------------	----------------



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-3219567	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  WILLIS, JANICE 2903 WINIFRED STREET ZELLWOOD FL 32798
---

<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b> _____	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> _____
------------------------	--	-------------------

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	ADAMS, MARY
<b>STREET ADDRESS</b>	2903 WINIFRED ST.
<b>CITY-ST-ZIP</b>	ZELLWOOD FL 32798
<b>TITLE</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<del>TOWNS, HENRY</del>
<b>STREET ADDRESS</b>	<del>2903 WINIFRED ST.</del>
<b>CITY-ST-ZIP</b>	<del>ZELLWOOD FL 32798</del>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	HAYDEN, ISAAC
<b>STREET ADDRESS</b>	2903 WINIFRED ST.
<b>CITY-ST-ZIP</b>	ZELLWOOD FL 32798
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	GATLIN, VIRGINIA
<b>STREET ADDRESS</b>	2903 WINIFRED ST.
<b>CITY-ST-ZIP</b>	ZELLWOOD FL 32798
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Jimmy Willis
<b>STREET ADDRESS</b>	2903 Winnifred St.
<b>CITY-ST-ZIP</b>	Zellwood, FL 32798
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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.**

<b>SIGNATURE:</b> Virginia Gatlin	<b>Date:</b> 3-9-04	<b>Daytime Phone #:</b> 407-886-7986
-----------------------------------	---------------------	--------------------------------------