

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001841

FILED
Jan 22, 2004
Secretary of State**Entity Name:** WARDS CREEK BAPTIST CHURCH, INC.**Current Principal Place of Business:**7730 COUNTY RD 13 N
ST AUGUSTINE, FL 32092**New Principal Place of Business:****Current Mailing Address:**7730 COUNTY RD 13 N
ST AUGUSTINE, FL 32092**New Mailing Address:****FEI Number:** 59-1619084**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOLES, JOSEPH L JR.
120 CHARLOTTE ST
ST AUGUSTINE, FL 32084 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:** D () Delete
Name: REWIS, LEON
Address: RT 3 BOX 1356X
City-St-Zip: SATSUMA, FL 32189**Title:** VST () Delete
Name: FULLER, B. J.
Address: 5646 SR 16 LOT C
City-St-Zip: ST AUGUSTINE, FL 32092**Title:** SDTD () Delete
Name: CRIBBS, SHARRON A
Address: 8256 RIVER TOAD
City-St-Zip: ST AUGUSTINE, FL 32092**Title:** T () Delete
Name: MULLIS, JOHN
Address: 4975 CR 205
City-St-Zip: SAINT AUGUSTINE, FL 32092**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: SHARRON A. CRIBBS

SDTD

01/22/2004

Electronic Signature of Signing Officer or Director

Date