2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State 01-12-2004 90004 043 ****61.25

1. Entity Nam	K BAPTIST CHURCH OF CF					•			
Principal Plac 4565 LIVE 0 CRESTVIEW,	H RD			140	00734				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082004	Chg-NP	CR2E037	(10/03)	
City & State		City & State		*	4. FEI Number 59-24-118	376		<u> </u>	oplied For
Zip	Country	Zip	Country	_	5. Certificate of		\$	8.75 Add	
	6. Name and Address of Current I	Registered Agent			7. Name and A	idress of New			
WHITE, REV. BILLY W. 113 CAMELLIA PLACE CRESTVIEW, FL 32536				Name White Rev. Billy W. Street Address (P.O. Box Number is Not Acceptable) 4257 Hassell Read					
			City	City Cirestview FL Zip Code 3253			e 2/-		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004		Registered Agent signs paign Financing contribution.	ture required	\$5.00 May Be Added to Fees		DATE Make check orida Departr		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHAN	GES TO OFFIC	CERS AND DIRE	CTORS IN	J 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VIA. RHONDA 4682 CAHOKIA RUN CRESTVIEW, FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				 _	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BENDER, PEGGY 21 DABNEY CT CRESTVIEW, FL 32539	⊠ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		£		-	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, HELEN R. 113 CAMELLIA PL CRESTVIEW, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J .	T HASSELL			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTRD WHITE, REV. BILLY W. 113 CAMELLIA PL CRESTVIEW, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	425'	7 HASSELL	ROAD		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEELING, DENNIS 2755 SAVANNAH LANE CRESTVIEW, FL 32539	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE		☐ Delete	TITLE	1				☐ Change	☐ 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 cath; 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:

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Devnis D. Kelling DENNIS G. KEELING	Fan 8,2004	(850)682-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #