

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002709

FILED
Jul 21, 2004
Secretary of State**Entity Name:** COOPERATIVE BAPTIST FELLOWSHIP FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**217 HILLCREST ST.
LAKELAND, FL 33815 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 2556
LAKELAND, FL 33806 US**New Mailing Address:****FEI Number:** 59-3223420**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON, PATRICK R
817 LEXINGTON STREET
LAKELAND, FL 33801 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: ANDERSON, PATRICK R
Address: 817 LEXINGTON STREET
City-St-Zip: LAKELAND, FL 33801**Title:** D () Delete
Name: VAN HOOSE, JIM
Address: 121 CHRISTIE AVENUE
City-St-Zip: SARASOTA, FL 34232**Title:** D () Delete
Name: MARKS, ANNETTE
Address: 9153 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257**Title:** D () Delete
Name: POWERS, DAVID
Address: 4001 89TH AVE N
City-St-Zip: PINELLAS PARK, FL**Title:** D () Delete
Name: DAY, HAYWOOD
Address: 321 RUCKEL DR
City-St-Zip: NICEVILLE, FL**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: ALLERTON, TOM
Address: 545 KAREN COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 327013635**Title:** D (X) Change () Addition
Name: BASS, JEAN
Address: 1824 27 AVE
City-St-Zip: VERO BEACH, FL 329603069**Title:** D (X) Change () Addition
Name: BORDERS, GEORGE
Address: 3713 SWANTAIL TRACE
City-St-Zip: TALLAHASSEE, FL 32309**Title:** D (X) Change () Addition
Name: DAY, HAYWOOD
Address: 4580 RANGE RD
City-St-Zip: NICEVILLE, FL 32578**Title:** D () Change (X) Addition
Name: CARRIN, TERRY
Address: 305 NORTH VILLAGE ST
City-St-Zip: CELEBRATION, FL 347475051

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: PATRICK R ANDERSON

D

07/21/2004

Electronic Signature of Signing Officer or Director

Date