## 2005 NOT-FOR-Γ GOFIT CORPORATION ANNUAL REPORT (AR)

## Mar 21, 2005 8:00 am Secretary of State DOCUMENT # N930000 ; 3292 03-21-2005 90096 015 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF HAWTHORNE, INC. Principal Place of Business Mailing Address 202 NORTH JOHNSON STREET P.O. BOX 280 22027 SOUTHEAST 65TH AVENUE PO BOX 280 HAWTHORNE FL 32640 HAWTHORNE FL 32640 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1570536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Colvin MCMEEKIN, ELLINGTON J JR 21907 SOUTHEAST 71ST AVENUE P O BOX 128 HAWTHORNE FL 32640 18107 SE Hawthorne 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 🔀 Defete Change Addition TITLE TITLE Dugger, Dana 20608 SF 24+h Ave. MULLIS, RUTH NAME NAME 17429 S.E. 49TH PLACE-STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP Hawthorne, FL 32640 Addition TITLE ☐ Change HILE ☐ Delete Knabb, Dale YOKUM, JANET AYOCUM NAME NAME 167 RILEY LAKE DR. 125 Price Rd. STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-7IP Hawthorne, FL 32640 ☐ Delete TITLE Change Addition TRALE COLVIN, ELEANOR NAME NAME 18107 SOUTHEAST HAWTHORNE ROAD STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE DANIEL DAN Daniel thomas M. PO BOX 306 939 CR 21 So. NAME NAME STREET ADDRESS STREET ADDRESS **ORANGE SPRINGS FL 32182** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete BRISTOW, CARL NAME NAME PO BOX 1233 3909 SE Highway 301 STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-7iP CITY-ST-ZIP Change ☐ Addition TITLE 属 Delete TITLE TANNER, KENNETH NAME NAME P.O. BOX 1191 STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP

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. Eleanor J. Colvin 3/14/2005 352 481-4514

**FILED**