


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 043 ****70.00

DOCUMENT # N93000003308	
1. Entity Name FIRST MISSIONARY BAPTIST CHURCH OF DEANS COURT, INC.	

Principal Place of Business 811 NW 9TH AVE OKEECHOBEE, FL 34973-0822	Mailing Address PO BOX 2400 OKEECHOBEE, FL 34973-2400
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0463949	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, LEROY
811 NW 9TH AVE
OKEECHOBEE, FL 34973-0822

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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.

SIGNATURE Pastor-Leroy Smith DATE 01/16/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CROWELL, MALINDA S 811 N.W. 9 AVE. OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD COTTON, CYNTHIA 924 N.W. 10TH STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COPE, WILLIE D 1724 N.E. 4TH ST. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COPE, ALGIA 1724 N.E. 4TH ST. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KILPATRICK, MARY 1796 N.E. 3RD ST. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Pastor-Leroy Smith Date 1/16/05 Daytime Phone # 888-583-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR