

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90011 032 ****61.25

DOCUMENT # N94000000624

1. Entity Name

**THE FIRST BAPTIST CHURCH OF HOLLISTER, FLORIDA,
INCORPORATED**



Principal Place of Business

**107 HOLLISTER CHURCH RD
HOLLISTER, FL 32147**

Mailing Address

**P.O. BOX 118
108 CHURCH RD
HOLLISTER, FL 32147**

44001310



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1609752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARDIS, MARCUS R II
109 HOLLISTER CHURCH RD
HOLLISTER, FL 32147**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARDIS, MARCUS R II
STREET ADDRESS	109 HOLLISTER CHURCH RD 200 HORSEMAN CLUB
CITY-ST-ZIP	HOLLISTER, FL 32147 PALATKA, FL 32177
TITLE	TD
NAME	CUMBO, WAYNE
STREET ADDRESS	107 HOLLISTER CH. RD
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	SD
NAME	WISHAM, MARY
STREET ADDRESS	107 HOLLISTER CH. RD
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Marcus R Mardis II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 386-328-2436

Date

Daytime Phone #