

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90274 042 ****61.25

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1. Entity Name

FIRST BAPTIST CHURCH OF MEXICO BEACH,
FLORIDA, INC.



Principal Place of Business

823N 15TH ST
MEXICO BEACH FL

Mailing Address

P.O. BOX 13691
MEXICO BEACH FL 32410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3245806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, LOUIS
204 LOUISIANA DRIVE
P.O. BOX 14070
MEXICO BEACH FL 32410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOUIS, LYNN
STREET ADDRESS 204 LOUISIANA DRIVE
CITY-ST-ZIP MEXICO BEACH FL 32410 ☒ Delete

TITLE CD
NAME BAKER, ROBERT
STREET ADDRESS 312 WYSONG DRIVE
CITY-ST-ZIP MEXICO BEACH FL 32410 ☒ Delete

TITLE D
NAME PHELPS, MARKO L
STREET ADDRESS 236 HWY 386
CITY-ST-ZIP PORT SAINT JOE FL 32456 ☒ Delete

TITLE VCD
NAME BENNETT, ORIS
STREET ADDRESS RT 3 BOX 152-A
CITY-ST-ZIP PORT SAINT JOE FL 32456 ☐ Delete

TITLE T
NAME JONES, SHARON S
STREET ADDRESS PO BOX 13301
CITY-ST-ZIP MEXICO BEACH FL 32410 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Brown, Patricia A.
NAME 8301 Tradewinds
STREET ADDRESS P.O. Box 13557
CITY-ST-ZIP Mexico Beach, FL 32410 ☐ Change ☒ Addition

TITLE C.D.
NAME Louis LYNN
STREET ADDRESS 204 LOUISIANA DR.
CITY-ST-ZIP Mexico Beach FL 32410 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: Patricia A. Brown Patricia A. Brown 4-6-05 850-647-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #