

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

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-17-2005 90033 047 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N94000003999 1. Entity Name FIRST BAPTIST CHURCH OF HAVANA, INC.																																																																																																																																									
Principal Place of Business 116 E 6 AVE HAVANA FL 32333			Mailing Address P O BOX 586 HAVANA FL 32333 US																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		4. FEI Number 59-1489880																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent MCMILAN, ALEX 216 LIVE OAK LN HAVANA FL 32333				7. Name and Address of New Registered Agent Name Kenneth GAY Street Address (P.O. Box Number is Not Acceptable) 104 7th STREET NE City HAVANA FL Zip Code 32333																																																																																																																																					
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 Kenneth GAY <i>Kenneth GAY</i> 03/09/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																																																																																																																																									
FILE NOW: 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																																																																																																																																					
Make Check Payable to: Florida Department of State																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>MCMILLAN, ALEX</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>GAY, KENNETH</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>PULVERMULLER, KARL</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>WILCOX, ROLAND</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>MOORE, EUGENE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY- ST- ZIP						T	MCMILLAN, ALEX	<input type="checkbox"/> Delete				STREET ADDRESS						CITY- ST- ZIP						T	GAY, KENNETH	<input type="checkbox"/> Delete				STREET ADDRESS						CITY- ST- ZIP						T	PULVERMULLER, KARL	<input type="checkbox"/> Delete				STREET ADDRESS						CITY- ST- ZIP						T	WILCOX, ROLAND	<input type="checkbox"/> Delete				STREET ADDRESS						CITY- ST- ZIP						T	MOORE, EUGENE	<input type="checkbox"/> Delete				STREET ADDRESS						CITY- ST- ZIP						T		<input type="checkbox"/> Delete				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: <i>Alex McMillan</i> Alex McMillan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-13-05 805-539-0807 <small>Date Daytime Phone #</small>																																																																																																																																					