

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

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

02-11-2005 90029 016 ****61.25

DOCUMENT # N94000004210

1. Entity Name

FAITH BAPTIST CHURCH OF MADISON, FL INC.



Principal Place of Business

1505 E BASE ST
MADISON FL 32340

Mailing Address

1505 E BASE ST
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2292141

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

MURPHY, AL SR
235 FLORIDA LOOP
RT. 1, BOX 1189
MADISON FL 32340

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

Al Murphy Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/05

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 DP
NAME MURPHY, AL SR
STREET ADDRESS 235 FLORIDA LOOP-RT1 BOX 1189
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE DVP
NAME WALLER, MADGE
STREET ADDRESS RT. 2, BOX 6200
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE DST
NAME MURPHY, VIRGINIA
STREET ADDRESS 235 FLORIDA LOOP-RT. 1 BOX 1189
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MURPHY, AL SR
STREET ADDRESS 221 S.W. FLORIDA LOOP
CITY-ST-ZIP MADISON, FL 32340 ☒ Change ☐ Addition

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

TITLE DST
NAME MURPHY VIRGINIA
STREET ADDRESS 221 S.W. FLORIDA LOOP
CITY-ST-ZIP MADISON, FL 32340 ☒ 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:

Al Murphy Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/05 856-973-6337

Date Daytime Phone #