

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90127 024 ****61.25

DOCUMENT # N94000005408					
1. Entity Name COLUMBIA BAPTIST CHURCH, INC.					
Principal Place of Business 7536 SW STATE RD 47 LAKE CITY, FL 32024-1726 US			Mailing Address 7536 SW STATE RD 47 LAKE CITY, FL 32024-1726 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3219395	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYES, SHARON PO BOX 3386 (MAILING ADDRESS) 251 SW CLAMPET GLN (PHYSICAL ADD) LAKE CITY, FL 32024			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code 32056
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 <i>Sharon L. Hayes</i> Sharon L. Hayes		DATE		4-13-05	
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, ARA		NAME		
STREET ADDRESS	728 SW KING STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, DENNIS		NAME	<i>Hayes, Dennis</i>	
STREET ADDRESS	251 SW CLAMPET GLN		STREET ADDRESS	<i>PO Box 3386</i>	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	<i>251 SW Clampet Gln</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAMPIER, HUGH		NAME	<i>Blackwell, William</i>	
STREET ADDRESS	325 SW AUDREY WAY		STREET ADDRESS	<i>292 SW William Young Lane</i>	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	<i>Lake City, FL 32024</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, EASON		NAME		
STREET ADDRESS	618 SE WARD CRAWFORD CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>William G. Blackwell</i>		DATE		4-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	