


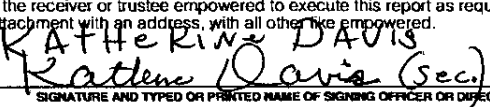


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90022 030 ****61.25

DOCUMENT # N94000005439 1. Entity Name FIRST BAPTIST CHURCH OF VENUS, INC.					
Principal Place of Business 16 CHURCH DRIVE VENUS, FL 33960			Mailing Address 16 CHURCH DRIVE VENUS, FL 33960		
2. Principal Place of Business 16 CHURCH DRIVE Suite, Apt. #, etc.		3. Mailing Address 16 CHURCH DRIVE Suite, Apt. #, etc.			
City & State VENUS, FLORIDA Zip 33960		City & State VENUS, FLORIDA Zip 33960		4. FEI Number 59-2392596	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOSS, BILL REV PASTOR 526 SHEPPARD ROAD VENUS, FL 33960				7. Name and Address of New Registered Agent Name Rev. Bill Moss Street Address (P.O. Box Number is Not Acceptable) 374 E CANOL WAY N.E. LAKE PLACID, FLA 33852	
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 BILL MOSS (PASTOR)  2-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			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 NAME STREET ADDRESS CITY-ST-ZIP	DPT VANN, JAMES 2870 PLACIDO VIEW DRIVE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TATE, JUDY 21 BOOTHILL ROAD VENUS, FL 33960	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVIS, KATHERINE 209 N. PINE ST. LAKE PLACID, FL 33862	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANZL, GERALD 139 HILLSIDE AVE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: KATHERINE DAVIS  Feb. 15-2004 863-465-2797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					