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

## FILED Feb 08, 2005 08:00 AM Secretary of State DOCUMENT # N95000000778 1. Entity Name GREENVILLE BAPTIST CHURCH INCORPORATED Principal Place of Business Mailing Address 640 S. GRAND ST. GREENVILLE FL 32331 P.O. BOX 27 **GREENVILLE FL 32331** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3395668 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAY, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) **NW 10 LOOP** P O BOX 303 **GREENVILLE FL 32331** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. UTTE ☐ Delete TITLE Change Addition DAY, LAWRENCE NAME NAME U00000219981 NW 10 LOOP PO BOX 303 STREET ADDRESS STREET ADDRESS 02/08/05-80048-020 61.25 GREENVILLE FL 32331 COY-SI-7IP CITY-SI-7IP TITLE Delete TITLE Change Addition HUTTO, DARROW US HWY 221N PO BOX 147 STREET ADDRESS STREET ADDRESS GREENVILLE FL 32331 CITY-ST-ZIP CITY-ST-ZIP DILLE Delete Change Addition GINN, FRANCES C NAME NAME RT. 3 BOX 31 STREET ADDRESS STREET ADDRESS GREENVILLE FL 32331 CITY-ST-ZIP CiTY - ST- 7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST- 2tP

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

LAWKENCE DAY

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: