


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002694 1. Entity Name BLOUNTSTOWN CHURCH OF CHRIST, INC.	
--	---

Principal Place of Business 13889 NW SHUMAN FERRY RD ALTA, FL 32421	Mailing Address P O BOX 1041 BLOUNTSTOWN, FL 32424 US
---	---

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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 BATEMAN, DAVID 13889 NW SHUMAN FERRY RD ALTA, FL 32421

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNYDER, DON P O BOX 452 N/A ALTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BATEMAN, DAVID 13889 NW SHUMAN FERRY RD ALTA, FL 32421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SNYDER, JOHN 16936 NW ORANGE ST BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

000000005780
01/16/04-80003-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *John V. Snyder* *John V. Snyder* Jan 10, 04 850 674 2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #