2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
02-26-2004 90005 046 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N96000004458

1. Entity Name

EVERGREEN BAPTIST CHURCH OF BRADFORD COUNTY, INC.

Principal Place of Business	Mailing Address
8025 NW CR 125 NW COUNTY ROAD 125 LAWTEY FL 32058 US	PO BOX 346 LAWTEY FL 32058 US

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 59-2352115 ☐ 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
SAPP, LISA 4127 NW CR 125 LAWTEY FL 32058	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 Lisa Sapp 2-22-04
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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAPP, JOE D JR 4127 NW CR 125 LAWTEY FL 32058	☐ Delete	D	☐ Change ☒ Addition
			Osteen Mike 3855 NW CR 233 Starke FL 32058	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, CECIL JR 23952 NW 60TH AVE LAWTEY FL 32058	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSTEEN, JIMMIE 5650 NW 267TH ST LAWTEY FL 32058	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDDING, RICHARD 3519 NW CR 125 LAWTEY FL 32058	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASKINS, LANE 5024 CR 225 LAWTEY FL 32058	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Lisa Sapp TREASURER 904-782-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #