

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90035 048 ****61.25

DOCUMENT # N96000004458					
1. Entity Name EVERGREEN BAPTIST CHURCH OF BRADFORD COUNTY, INC.					
Principal Place of Business 8025 NW CR 125 NW COUNTY ROAD 125 LAWTEY, FL 32058 US			Mailing Address 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	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, LISA 4127 NW CR 125 LAWTEY, FL 32058			7. Name and Address of New Registered Agent Name <u>LISA BUTLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>10474 NW CR 229</u> City <u>STARKE</u> <u>FL</u> Zip Code <u>32091</u>		
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 <u>Lisa A Butler</u> <u>LISA A. BUTLER</u> <u>1/13/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, CECIL JR 23952 NW 60TH AVE LAWTEY, FL 32058	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, JIMMIE 5650 NW 267TH ST LAWTEY, FL 32058	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDING, RICHARD 3519 NW CR 125 LAWTEY, FL 32058	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE, OSTEEN 3865 NW CR 233 LAWTEY, FL 32058	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger HUGHES 19670 NW 56th Ave. STARKE, FL 32091	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Richard A. Redding</u> <u>Richard A. Redding</u> <u>1-14-05</u> <u>904-782-3021</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					