

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005757

1. Entity Name
ESTATES BAPTIST CHURCH, INC.



Principal Place of Business
**12285 COLLIER BLVD
#7
NAPLES, FL 34113**

Mailing Address
**2750 NEWMAN DR
NAPLES, FL 34114**



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0440829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAHE, JOSEPH F
310 17 STREET S.W.
NAPLES, FL 34114**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAHE, JOSEPH F
STREET ADDRESS	310 17TH ST SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VD
NAME	FOSTER, JOSEPH SR.
STREET ADDRESS	3433 HIBISCUS
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	SD
NAME	HOLLAND, JOYCE
STREET ADDRESS	2750 NEWMAN DR
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	TD
NAME	FOSTER, LYNN
STREET ADDRESS	3433 HIBISCUS
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04-00026-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Joyce O. Holland Joyce O. Holland 4/6/04 (239) 455-8764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #