

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

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 015 ****61.25

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1. Entity Name

LOXAHATCHEE BAPTIST MISSION CHURCH, INC.



Principal Place of Business

13969 ORANGE BLVD.
WEST PALM BEACH FL 33412
US

Mailing Address

13969 ORANGE BLVD.
WEST PALM BEACH FL 33412
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

65-0714877

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

MCLEOD, STANLEY
17892 79TH CT. N.
LOXAHATCHEE FL 33407

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

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

TITLE ☒ Delete
NAME AMOS, JIM
STREET ADDRESS 6454 HIGHWAY 441 S.E.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
NAME BOYLES, JUDY
STREET ADDRESS 102 PRINCESS COURT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete
NAME KUHN, BETTYE
STREET ADDRESS 14593 SOUTHERN BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Delete
NAME MCILVIN, CAROL
STREET ADDRESS 16141 E. MAYFAIR DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☒ Delete
NAME TRAVIS, CHARLES
STREET ADDRESS 2120 LONGWOOD ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Roy Calvin
STREET ADDRESS 2097 Beruda Rd.
CITY-ST-ZIP West Palm Beach FL 33406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME David Redding
STREET ADDRESS 4691 12th Rd N
CITY-ST-ZIP Royal Palm Beach FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #