


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # N97000001581	
1. Entity Name FIRST BAPTIST CHURCH OF SANDERSON, INC.	

Principal Place of Business 229 SOUTH SANDERSON FL 32087	Mailing Address P.O. BOX 127 SANDERSON FL 32087
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3042461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, JERRY 12132 CLETE HARVEY RD GLEN ST. MARY FL 32040		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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	WILSON, JERRY	NAME	
STREET ADDRESS	12132 CLETE HARVEY RD	STREET ADDRESS	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GENE, SALLIE	NAME	
STREET ADDRESS	1633 S EARNIE BRYANT RD	STREET ADDRESS	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LESLIE, MARY R	NAME	
STREET ADDRESS	10429 WOOSTER DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CHRISTMAS, NINA	NAME	
STREET ADDRESS	4558 S CR 229	STREET ADDRESS	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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>Nina Christmas</u>	<u>Nina Christmas</u>	<u>02/02/2005</u>	<u>904-275-2593</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #