


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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1. Entity Name
FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, INC., A NONPROFIT FLORIDA CORPORATION



Principal Place of Business Mailing Address

**46 9TH STREET
 APALACHICOLA, FL 32320** **46 9TH STREET
 APALACHICOLA, FL 32320**

DO NOT WRITE IN THIS SPACE



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2182368 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, RICHARD B
 103 21ST AVE
 APALACHICOLA, FL 32320**

DO NOT WRITE 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 _____ DATE _____
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHITE, RICHARD B 103 21ST AVE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDLEY, OSCAR 115 AVENUE B APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, MARJORIE C'CLERK 103 21ST AVENUE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMBRO, GREGORY G 1570 LINDEN ROAD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES H HWY 98 & ISLAND DRIVE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVLEET, LOUIS 30 SHADOW LANE APALACHICOLA, FL 32320

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UN0000185042
 01/20/05-80057-005 61.25

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: *Richard B. White* **RICHARD B. WHITE** 1-15-05 850 653-9540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #