2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002209

1. Entity Name
THE GREENWOOD BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
4156 BRYAN ST GREENWOOD, FL 32443	PO BOX 249 GREENWOOD, FL 32443 US

DO NOT WRITE IN THIS SPACE

02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2248172

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICKEL, WESLEY
4156 BRYAN ST
GREENWOOD, FL 32443

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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	D
NAME	BANKS, MACK
STREET ADDRESS	4396 BRYAN ST
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	D
NAME	DAVIS, HAROLD
STREET ADDRESS	P O BOX 273 N/A
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	D
NAME	DUNAWAY, KENNEDY
STREET ADDRESS	5875 NUBBIN RIDGE RD
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	D
NAME	MICKEL, WESLELY
STREET ADDRESS	P O BOX 171 N/A
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80025-009 61.25

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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: Wesley Mickel DEACON 3-6-05 850-594-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #