

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90014 011 \*\*\*\*61.25



**DOCUMENT # N98000002966**  
1. Entity Name  
**BURCHWOOD BAPTIST CHURCH OF PLANT CITY, INC.**

Principal Place of Business  
**38 EUCLID DRIVE  
PLANT CITY, FL 33566**

Mailing Address  
**38 EUCLID DRIVE  
PLANT CITY, FL 33566**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07202005 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

4. FEI Number  
**59-3384374**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MADDOX, MARK N  
8914 MADDOX DRIVE  
THONOTOSASSA, FL 33592**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ 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 September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MADDOX, MARK N 8914 MADDOX DRIVE THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MACKS, PAUL 125 W WILDWOOD LANE THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, CARL 8506 W. BACK ROAD PLANT CITY, FL 33565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holloman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1402 Holloman Branch Dr Plant City Fl 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marks, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 270 Oakwood Dr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul C Marks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/29/05 Daytime Phone #: 813-982-1456