

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2004
Secretary of State**

DOCUMENT# N98000007149

Entity Name: FIRST BAPTIST CHURCH OF JASPER, FLORIDA, INC.

Current Principal Place of Business:

207 NE 2ND ST
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

207 NE 2ND ST
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-3560986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAFF, SONNY
215 NE 2ND ST
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEDGE, JOHN JR
Address: 1126 FIELDCREST ROAD
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: GIBSON, RICHARD
Address: 6514 NW HWY 41
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: REGISTER, LOYD
Address: 317 SR 6 E
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DEDGE JR

D

02/02/2004

Electronic Signature of Signing Officer or Director

_____ Date