

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 009 ****70.00

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1. Entity Name
**LONG AVENUE BAPTIST CHURCH OF PORT SAINT JOE,
FLORIDA, INC.**



Principal Place of Business
**1601 LONG AVE.
PORT ST. JOE, FL 32456**

Mailing Address
**P. O. BOX 38
PORT ST. JOE, FL 32456**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1083043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUTY, BRUCE R
1601 LONG AVE
PORT ST. JOE, FL 32456**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**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	T BURCH, RUSSEL 2009 MARVIN AVE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, TOMMY 1314 WOODWARD AVENUE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTON, RALPH 504 10TH ST PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Russell L Burch / RUSSELL L. BURCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-05
Date

Daytime Phone #