## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N99000004928 1. Entity Name 04-20-2004 90017 025 \*\*\*\*70.00 TRUSTEES, SPRINGFIELD BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3615 EAST THIRD STREET PANAMA CITY FL 3615 EAST THIRD STREET PANAMA CITY FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0976514 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2726 EAST 19TH COURT PANAMA CITY FL 32405-7202 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Change Addition LITTLE, JAMES W NAME NAME 2726 EAST 19TH COURT STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405-7202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HARRELL, JAMES NAME NAME 5811 LAKE DRIVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE Addition CALFEE, HUDSON NAME NAME 300 SOUTH GAY AVENUE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition GILLIKIN, CHARLES F NAME NAME 100 MARTIN LAKE DRIVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GLISSON, JAMES NAME NAME 542 POWELL AVENUE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

IAME OF SIGNING OFFICER OR DIRECTOR

31 MAR 04

(850)785-5041

FILED