


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 762311
 1. Entity Name
FIRST BAPTIST CHURCH OF TRENTON, INC.



Principal Place of Business Mailing Address
 HWY. 26 AT N.E. 2ND ST. PO BOX 293
 TRENTON, FL 32693 TRENTON, FL 32693

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04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1437448 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSH, WILBUR C.
 402 S.W. 5TH AVE.
 TRENTON, FL 32693

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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 _____ (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	SD
NAME	BRADLEY, CLIFTON
STREET ADDRESS	HWY 26 WEST
CITY-ST-ZIP	TRENTON, FL
TITLE	TD
NAME	SCOTT, LOIS
STREET ADDRESS	SO OF HWY 26
CITY-ST-ZIP	TRENTON, FL
TITLE	PD
NAME	BUSH, WILBUR C.
STREET ADDRESS	402 S.W. 5TH AVENUE
CITY-ST-ZIP	TRENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Wilbur C. Bush 4/22/05 352-463-2559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #