

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# 727864

Entity Name: MARIANNA BAPTIST TEMPLE, INCORPORATED

Current Principal Place of Business:

2494 HWY 71 S
MARIANNA, FL 62244-253 US

New Principal Place of Business:

Current Mailing Address:

2494 HWY 71 S
MARIANNA, FL 62244-253 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, TIMOTHY N
2345 SAPP RD
COTTONDALE, FL 32431 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: T () Delete
Name: OXENDINE, GARY U
Address: 3193 ADAMS ST.
City-St-Zip: COTTONDALE, FL 32431 US

Title: PD () Delete
Name: SANDERS, TIMOTHY
Address: 2345 SAPP ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: T () Delete
Name: SMITH, TRAVIS
Address: 2330 DOWN HOME RD.
City-St-Zip: GRAND RIDGE, FL 32442

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: JOHNSON, JASON T
Address: 1399 MILLSPRINGS RD
City-St-Zip: GRAND RIDGE, FL 32442

Title: T () Change (X) Addition
Name: LAND, DONALD
Address: 4991 LAND DR.
City-St-Zip: MARIANNA, FL 32446

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: TIMOTHY N. SANDERS

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date