


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

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 732331					
1. Entity Name FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA, INC.					
Principal Place of Business 1200 N.W. 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054			Mailing Address 1200 N.W. 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDavid, Terry 200 NORTH MARION STREET LAKE CITY FL				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	OD TORBERT, WILLIAM E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUTE 3 BOX 615		NAME		
STREET ADDRESS	LAKE BUTLER FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	TD MELTON, OTIS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	307 S. CHURCH ST.		NAME		
STREET ADDRESS	STARKE FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	OD KENT, DANNY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RT 2 BOX 189		NAME		
STREET ADDRESS	LAKE BUTLER FL 32054		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	OD BRIGHT, BILL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12781 ST RD 100W		NAME		
STREET ADDRESS	LAKE BUTLER FL 32054		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: <i>Otis Melton</i>			OTIS MELTON Date: 2/15/04 Daytime Phone #: 386-496-3384		



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDavid, Terry
200 NORTH MARION STREET
LAKE CITY FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

OD **TORBERT, WILLIAM E** ☐ Delete
ROUTE 3 BOX 615
LAKE BUTLER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000058167
02/20/04-80018-021 61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD **MELTON, OTIS** ☐ Delete
307 S. CHURCH ST.
STARKE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

OD **KENT, DANNY** ☐ Delete
RT 2 BOX 189
LAKE BUTLER FL 32054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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OD **BRIGHT, BILL** ☐ Delete
12781 ST RD 100W
LAKE BUTLER FL 32054

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SIGNATURE: *Otis Melton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OTIS MELTON

Date: **2/15/04** Daytime Phone #: **386-496-3384**