


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 002 ****61.25

DOCUMENT # 732698

1. Entity Name
FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORATION, INC.




Principal Place of Business
**5701 CAMP STREET
 P O BOX 165
 WIMAUMA, FL 33598**

Mailing Address
**5701 CAMP STREET
 P O BOX 165
 WIMAUMA, FL 33598**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03032004 Chg-NP CR2E037 (10/03)

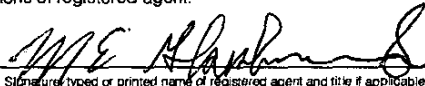
4. FEI Number
59-2476819 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~HAMILTON, FRANK E. JR ESQUIRE
 2620 W. KENNEDY BLVD
 TAMPA, FL 33609~~

7. Name and Address of New Registered Agent
 Name **M. E. Glassburn**
 Street Address (P.O. Box Number is Not Acceptable)
**(10419 HWY 674 - No mail receptacle)
 Wimauma, FL 33598
 P.O. Box 5053
 City Sun city center FL Zip Code 33571**

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  **M.E. Glassburn** DATE **3/7/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, J. F. 5150 BISHOP ROAD WIMAUMA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LARRY PO BOX 954 WIMAUMA, FL 33598	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASON, PHIL REV. 1209 N BARNES ST PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WILLIAM 5409 BONITA DR WIMAUMA, FL 33598	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerry Scarborough 20539 Keene Rd. Wimauma, FL. 33598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Gwynn 17023 Owens Rd. Wimauma, FL. 33598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Irene Brown 5520 North St./P.O. Box 954 Wimauma, FL. 33598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Irene Brown** DATE **3/6/04** DAYTIME PHONE # **813-634-3710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #