


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 735506
 1. Entity Name
EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.



Principal Place of Business Mailing Address
 910 BAY AVE. 910 BAY AVE.
 DEFUNIAK SPRGS, FL 32433 DEFUNIAK SPRGS, FL 32433

NO SIGNATURES ALLOWED IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1603625	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
GRICE, JOHN
1048 BAY AVENUE
DEFUNIAK SPGS, FL 32433

NO SIGNATURES ALLOWED IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, DONALD 2845 COUNTY HWY 183 NORTH DEFUNIAK SPRGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRICE, JOHN 1048 BAY AVENUE DEFUNIAK SPRGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINER, RALPH PO BOX 194 668 PEAK CANTON RD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000021018
 01/29/04-80091-017 61.25

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: Barbara Capps (BARBARA CAPPS) Sec. 1-26-04 850-892-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #