

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90056 001 \*\*\*\*61.25

**DOCUMENT # N07980**

1. Entity Name  
**O'BRIEN BAPTIST CHURCH, INC.**



Principal Place of Business

**9544 E COUNTY RD 349  
O'BRIEN, FL 32071 US**

Mailing Address

**P.O. BOX 10  
O'BRIEN, FL 32071 US**



01102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2356452**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOLTZCLAW, L.M. - Correct to J.M. Holtzclaw  
21890 FLETCHER RD.  
O'BRIEN, FL 32071**

**DO NOT WRITE  
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

**J.M. Holtzclaw**

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

(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	PD
NAME	HOLTZCLAW, J.M.
STREET ADDRESS	21089 93RD DR.
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	D
NAME	BOND, RAYMOND, JR.
STREET ADDRESS	15543 164TH ST
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	D
NAME	ROBERTS, EDWARD
STREET ADDRESS	POST OFFICE BOX 184 N/A
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*J.M. Holtzclaw*

**J.M. Holtzclaw**

**386-935-1503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #