


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

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90039 026 ****61.25

DOCUMENT # N10516
 1. Entity Name
FAITH BIBLE BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
PO BOX 678 PO BOX 678
P.O. BOX 678 P.O. BOX 678
CENTURY FL 32535 CENTURY FL 32535

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **63-6104252**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STOKES, GENE
6840 BRATT ROAD
(PO BOX 678)
CENTURY FL 32535

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Ben Moore Stokes* DATE **3-21-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	YOUNG, JAMES	RT.4 BOX 333	ATMORE AL	<input checked="" type="checkbox"/>
	WILLETT, WILLIAM E JR.	31 W. COTTAGE	CENTURY FL	<input checked="" type="checkbox"/>
	THOMPSON, CLIFF	760 BRIGGS BLVD	CENTURY FL	<input type="checkbox"/>
	THOMPSON, COLLIN	206 CHURCH STREET	FLOMATON AL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	BONDURANT, JEREMY	5346 JOHN LOWERY RD.	JAY, FL 32565	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GODWIN, MARCUS	111 COX RD.	MEDDAVID, FL 32568	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	WHITE, JAMES	4464 MORRISTOWN RD.	JAY, FL 32565	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Cliff Thompson* **CLIFF THOMPSON** DATE: **3-21-04** DAYTIME PHONE #: **251-296-4684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR