## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT\*# 732331**

1. Entity Name

FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA,



**FILED** Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

104 SW 12TH AVE LAKE BUTLER, FL 32054 Mailing Address

POB 67

LAKE BUTLER, FL 32054



04182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

200 NORT LAKE CIT	H MARION STREET			· · · · · · · · · · · · · · · · · · ·	NOT WRITE THIS SPACE	
8. The above the obligat	named entity submits this statement for the one of registered agent.	ne purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am fami	liar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	lite if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000730631 05/08/07-80086-025	81.25
10. OFFICERS AND DIRECTORS						X 19 10 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELTON, OTIS 307 S. CHURCH ST. STARKE, FL					
TITLE NAME STREET ADDRESS CITY: ST: ZIP	OD BRIGHT, BILL 12781 ST RD 100W LAKE BUTLER, FL 32054					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 

STREET ADDRESS CITY-ST-ZIP

0715 MeltoN 4-22-07 386-496-3384