


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 011 ****61.25

DOCUMENT # N00288				
1. Entity Name THE SOUTH BABCOCK STREET BAPTIST CHURCH, INC.				
Principal Place of Business 7415 BABCOCK STREET S.E. PALM BAY FL 32909		Mailing Address 7415 BABCOCK STREET S.E. PALM BAY FL 32909		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				4. FEI Number
- LOURY, DENNIS 1768 LAS PALMOS DR SW PALM BAY FL 32908				NO-T APPLICABLE
				Applied For
				Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOURY, DENNIS	NAME		
STREET ADDRESS	1768 LA PALMOS DR SW	STREET ADDRESS		
CITY, ST, ZIP	PALM BAY FL 32908	CITY, ST, ZIP		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADDELL, JAMES	NAME		
STREET ADDRESS	2309 WEKIVA LN	STREET ADDRESS		
CITY, ST, ZIP	WEST MELBOURNE FL 32904	CITY, ST, ZIP		
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOURY, GENE	NAME		
STREET ADDRESS	573 PARKER RD.	STREET ADDRESS		
CITY, ST, ZIP	MELBOURNE FL 34056	CITY, ST, ZIP		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEDDELL, FLORENCE	NAME		
STREET ADDRESS	2309 WEKIVA LN	STREET ADDRESS		
CITY, ST, ZIP	WEST MELBOURNE FL 32904	CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY, ST, ZIP		CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY, ST, ZIP		CITY, ST, ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dennis Loury Dennis Loury 2-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #