

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000001470**

1. Entity Name  
**FIRST BAPTIST CHURCH OF LINDEN, INC.**



Principal Place of Business

**4344 STATE ROAD 50  
WEBSTER, FL 33597**

Mailing Address

**4344 STATE ROAD 50  
WEBSTER, FL 33597**



04182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3705070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PARISH, CYRIL  
13449 CR 772 B  
WEBSTER, FL 33597**

**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

*Cyril Parish*

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, 2007**

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  
**DP  
SUMMERLIN, VERYL  
12106 COUNTY ROAD 774-A  
WEBSTER, FL 33597**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
TYSON, DEVON  
9879 SE 22ND STREET  
WEBSTER, FL 33597**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
GILL, ELIZABETH J  
8016 SE 24TH WAY  
WEBSTER, FL 33597**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GILL, ELIZABETH J  
8016 SE 24TH WAY  
WEBSTER, FL 33597**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARISH, CYRIL  
13449 CR 772 B  
WEBSTER, FL 33597**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000738904  
05/14/07-80003-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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

*Elizabeth J Gill*