

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

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06248**

1. Entity Name  
**FIRST BAPTIST CHURCH OF STUART, FLORIDA, INC.**



Principal Place of Business  
**201 W. OCEAN BLVD.  
STUART, FL 34994-2945**

Mailing Address  
**201 W. OCEAN BLVD.  
STUART, FL 34994-2945**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0816435**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STRIKE, WILLIAM T  
8020 SE COLONY DR  
STUART, FL 34997**

**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

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	D
NAME	BURGESS, DR. ROBERT
STREET ADDRESS	667 SW HIDDEN RIVER AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	GILLEN, KEVIN
STREET ADDRESS	1337 SW ROBYS WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	ALLEY, DAN
STREET ADDRESS	511 HIBISCUS AVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000634268  
02/22/07-80003-001 70.00

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/07 772-283-0141