

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 746284**

1. Entity Name  
**DAMASCUS FREEWILL BAPTIST CHURCH, INC.**



Principal Place of Business  
**3700 KYNESVILLE ROAD  
MARIANNA, FL 32446-5955**

Mailing Address  
**3534 ONTARIO RD.  
MARIANNA, FL 32448 US**



04042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2777238**

Applied For  
Not Applicable

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

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

**REHBERG, ROBERT O  
2427 MARTIN RD  
MARIANNA, FL 32448**

**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	PD
NAME	REHBERG, ROBERT O
STREET ADDRESS	2427 MARTIN ROAD
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	DST
NAME	REHBERG, RICHARD O.
STREET ADDRESS	3524 ONTARIO ROAD
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	D
NAME	CHAFIN, HOWARD
STREET ADDRESS	4018 LARAMORE ROAD
CITY-ST-ZIP	MARIANNA, FL
TITLE	D
NAME	WILLIAMS, STEPHEN G
STREET ADDRESS	1659 HIGHWAY 73
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	D
NAME	HERBERT, WILLIAMS
STREET ADDRESS	2472 FILLMORE DR.
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000698452  
04/19/07-80003-014 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:**

*Richard O. Rehberg* **Richard O. Rehberg** 4/7/07

Date

850-482-8935

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR