

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50266

**Entity Name:** ICHETUCKNEE RIVER BAPTIST CHURCH, INC.**Current Principal Place of Business:**25811 CR 137  
O'BRIEN, FL 32071-9723**Current Mailing Address:**25811 CR 137  
O'BRIEN, FL 32071-9723 US**FEI Number:** 59-2958122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NONE AVAILABLE  
25811 CR 137  
O'BRIEN, FL 32071-9723 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PASTOR
Name	FAGLIE, CLAY
Address	798 S.W. CUMORAH HILL ST.
City-State-Zip:	FT. WHITE FL 32038

Title	DEACON
Name	REISER, FRANK
Address	25058 25TH PL.
City-State-Zip:	OBRIEN FL 32071

Title	ASSOCIATE PASTOR
Name	JONES, RONN J
Address	136 SE BUCK GLN
City-State-Zip:	LAKE CITY FL 32025

Title	DEACON
Name	JONES, WILLIAM
Address	495 SW PATHFINDER GLN
City-State-Zip:	FT WHITE FL 32038

Title	TREASURER
Name	TERRY, LORRAINE
Address	26274 45TH RD
City-State-Zip:	O'BRIEN FL 32071

Title	DEACON
Name	LUNDSTEN, JAMES
Address	21293 49TH DR.
City-State-Zip:	LAKE CITY FL 32024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE TERRY**TREASURER****01/21/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date