


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

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 008 \*\*\*\*70.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # 700716</b><br>1. Entity Name<br><b>FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.</b>   |   |  |   |                                  |  |
| Principal Place of Business<br><b>4050 REDLEAF DR<br/>         PO BOX 98<br/>         ELFERS, FL 34680</b>   |   | Mailing Address<br><b>4050 REDLEAF DR<br/>         PO BOX 98<br/>         ELFERS, FL 34680</b> |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   | 01252007 Chg-NP CR2E037 (12/06)   |  |
| City & State   |   | City & State   |   | 4. FEI Number<br><b>59-1359793</b>  |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARNES, CLYTEE<br/>         5615 WESSON RD<br/>         NEW PORT RICHEY, FL 34655</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>               |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>SUPERNAL, KEN<br/>         2909 SHIPSTON AVE<br/>         NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>LIPPERT, HAROLD<br/>         7611 SUMMERTREE LANE<br/>         NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>JOHNSON, FRED M.<br/>         4410 CANCELL STREET<br/>         NEW PORT RICHEY, FL</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | M<br><b>BROWN, THOMAS<br/>         4849 POMPANO DR<br/>         NEW PORT RICHEY, FL</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>HARNES, CLYTEE<br/>         5615 WESSON RD<br/>         NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>GRUZLEWSKI, RITA<br/>         PO BOX 324<br/>         ELFERS, FL 34680</b> <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <i>Clytee Harness</i> <b>Clytee Harness</b> 1-26-07 127/849-6352<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |   |   |  |