## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #702574**

1. Entity Name FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA,



**FILED** Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90069 009 \*\*\*\*61.25

INC.							
Principal Place of Business 8000 DOROTHY AVE. NORTH PORT, FL 34287		Mailing Address 8000 DOROTHY AVE. NORTH PORT, FL 34287		40037	818		
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address					
		-		T INDIA INDIA NAME I	IBB( BIKI) IBBK BIB; BIBK BIBK BIBIF WI	MI EISH EISH BIEI	121 01 1061
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202007 Ch	g-NP CR2E03	37 (12/06)	
City & State		City & State		4. FEI Number 59-154827	5	<u> </u>	plied For Applicable
Zíp	Country	Ζiρ	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered	Agent	
SIMPSON, SANFORD 2161 BRUBECK RD NORTH PORT, FL 33287			Name Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	)
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its regi	istered office or registe	ered agent, or both, in t	the State of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Reg	gistered Agent signature require	ed when reinstating)	DATE		<del></del>
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Contr		\$5,00 May Be Added to Fees	Make checi Florida Depar	k payable to tment of St	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10
TITLE	D DONNE	Delete	IIITE 📆 🦻	TENTEDY S	5/44	Change	Addition
NAME DAVIS, <del>BONNE</del> STREET ADDRESS 958 KENOMA EAST			NAME STREET ADDRESS	CT. MARI	NET AVE		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	NORTH A	TLAY NET AVE RT. FL. 3420 TH.	PP	
TITLE	۵	Delete	THE BE	DWIN SMIT	TH.	Change	Addition
NAME	DEFAZIO, JOSEPH		NAME 2	P83 CHAMP	AGNE AVE		
STREET ADDRESS CITY-ST-ZIP	376 SALT CREEK DRIVE NORTH PORT, FL 34287		STREET ADDRESS 3				
TITLE	NORTH FORT, FL 34207		CITY CT 7ID	3/2-1 22-	el 7.100		
	n	Color		NORTH PORT	FL. 34284.		Addition
NAME	D BLEWETT, HOWARD	Delete	CITY-ST-ZIP  TITLE  NAME	NORTH PORT	FL. 342PF.	Change	Addition
	D BLEWETT, HOWARD 6902 HIKINA DRIVE	Delete	TITLE	NORTH PORT	FL. 342Pf.		Addition
NAME	BLEWETT, HOWARD	Delete	TITLE NAME	NORTH 182T	<u>\$L. 34297.</u>		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NORTH BRT	\$L. 34294.		Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D SIMPSON, SANFORD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NORTH BRT	\$L: 34294.	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D SIMPSON, SANFORD 2161 BRUBECK ROAD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NORTH BRT	<u>\$L: 34294.</u>	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D SIMPSON, SANFORD		TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	NORTH BRT	\$ <u>L.</u> 34294.	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287 D KING, MILT	☐ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NORTH BRT	\$ <u>1</u> . 34294.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287  D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287  D KING, MILT 18519 BLAIR AVE	☐ Dekete	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	NORTH BRT	\$L. 34294.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287 D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287 D KING, MILT	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP	NORTH BRT	\$L. 34294.	☐ Change ☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE THLE THLE THLE THLE THLE	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287  D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287  D KING, MILT 18519 BLAIR AVE	☐ Dekete	TITLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	NORTH BRT	\$L: 34294.	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287  D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287  D KING, MILT 18519 BLAIR AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME	NORTH BRT	\$L: 34294.	☐ Change ☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE THLE THLE THLE THLE THLE	BLEWETT, HOWARD 6902 HIKINA DRIVE NORTH PORT, FL 34287  D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT, FL 34287  D KING, MILT 18519 BLAIR AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	NORTH BRT	\$L: 34294.	☐ Change ☐ Change	Addition

12. I hereby certify that the information supplied with this fiting 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.