


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 049 ****61.25

DOCUMENT # 702969					
1. Entity Name THE FIRST BAPTIST CHURCH OF COLEMAN, INC.					
Principal Place of Business 1512 CENTRAL AVENUE P.O. BOX 421 COLEMAN, FL 33521 US			Mailing Address P.O. BOX 421 1512 CENTRAL AVENUE COLEMAN, FL 33521 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2350251	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEAULIEU, SARAH 123 SOUTH COMMERCIAL COLEMAN, FL 33521				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAULIEU, SARAH		NAME		
STREET ADDRESS	123 S COMMERCIAL		STREET ADDRESS		
CITY-ST-ZIP	COLEMAN, FL 33521		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE, FRANK		NAME	GEORGE EVATT	
STREET ADDRESS	N MIZELL STREET		STREET ADDRESS	P.O. Box 497	
CITY-ST-ZIP	COLEMAN, FL		CITY-ST-ZIP	OXFORD, FL 34484	
TITLE	CP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, DOUG		NAME		
STREET ADDRESS	409 S. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYCHOFF, DAVID		NAME	ROLIE SCHEIDLER	
STREET ADDRESS	3413 NE 31ST TERRACE		STREET ADDRESS	3815 CENTRAL AVE.	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	COLEMAN, FL 33521	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LINDA HOLDEN	
STREET ADDRESS			STREET ADDRESS	4766 C.R. 118	
CITY-ST-ZIP			CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SARA MASON	
STREET ADDRESS			STREET ADDRESS	515 N US 301	
CITY-ST-ZIP			CITY-ST-ZIP	Sumterville, FL 33585	
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: <i>Sarah Beaulieu</i> / SARAH BEAULIEU 7/18/07 (352) 748-4114					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					