

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702969

FILED
Apr 19, 2008
Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

Current Principal Place of Business:

1512 CENTRAL AVENUE
P.O. BOX 421
COLEMAN, FL 33521 US

New Principal Place of Business:

2112 CENTRAL AVENUE
COLEMAN, FL 33521 US

Current Mailing Address:

P.O. BOX 421
1512 CENTRAL AVENUE
COLEMAN, FL 33521 US

New Mailing Address:

P.O. BOX 421
2112 CENTRAL AVENUE
COLEMAN, FL 33521 US

FEI Number: 59-2350251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAULIEU, SARAH
123 SOUTH COMMERCIAL
COLEMAN, FL 33521 US

Name and Address of New Registered Agent:

BEAULIEU, SARAH
123 SOUTH COMMERCIAL ST.
COLEMAN, FL 33521 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: SARAH BEAULIEU

04/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BEAULIEU, SARAH
Address: 123 S COMMERCIAL
City-St-Zip: COLEMAN, FL 33521

Title: T () Delete
Name: EVATT, GEORGE
Address: P O BOX 497
City-St-Zip: OXFORD, FL 34484

Title: T () Delete
Name: CHILDERS, DOUG
Address: 409 S. MAIN STREET
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: SCHEIDLER, ROLLIE
Address: 3815 CENTRAL AVE
City-St-Zip: COLEMAN, FL 33521

Title: S () Delete
Name: HOLDEN, LINDA
Address: 4766 C.R. 118
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: MASON, SARA
Address: 515 N. U.S. 301
City-St-Zip: SUMTERVILLE, FL 33585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: EVATT, GEORGE
Address: 1737 CR 202
City-St-Zip: OXFORD, FL 34484

Title: T (X) Change () Addition
Name: CHILDERS, DOUG
Address: 3361 N. US. HWY 301
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARAH BEAULIEU

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04/19/2008

Electronic Signature of Signing Officer or Director

Date