

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

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # 703004

1. Entity Name
FIRST BAPTIST CHURCH OF OSPREY, INC.



Principal Place of Business
**265 NTAMAM TRAIL
PO BOX 808
OSPREY, FL 34229**

Mailing Address
**265 NTAMAM TRAIL
PO BOX 808
OSPREY, FL 34229**

DO NOT WRITE IN THIS SPACE

(703004=====N)

01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
23-7371650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLIER, VINCE
8986 ROCKY LAKE CT.
SARASOTA, FL 34238**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COLLIER, VINCE
STREET ADDRESS	8986 ROCKY LAKE CT.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	TD
NAME	KOSTRZEWSKI, JANICE
STREET ADDRESS	2069 CA D ORO DR
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	S
NAME	HILTON, JOHN
STREET ADDRESS	651 JACARANDA BLVD.
CITY-ST-ZIP	VENICE, FL 34292
TITLE	PD
NAME	BAUGH, DON
STREET ADDRESS	8894 HUNTINGTON POINTE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80043-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Janice M Kostrowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07
DATE

941-966-2705
Daytime Phone #