

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 004 ****61.25



DOCUMENT # 703177
 1. Entity Name
FIRST BAPTIST CHURCH OF INVERNESS, INC.

Principal Place of Business Mailing Address
 123 SOUTH SEMINOLE AVENUE 123 SOUTH SEMINOLE AVENUE
 INVERNESS FL 34452-4735 INVERNESS FL 34452-4735
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
550 PLEASANT GROVE RD **550 PLEASANT GROVE RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
INVERNESS **INVERNESS**

1st MOORE CR2E037 (10/06)

City & State City & State
FL **FL**
 Zip Country Zip Country
34452-5789 **CITRUS** **34452-5789** **CITRUS**

4. FEI Number Applied For
59-1265586 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORDWELL, JOHN
4926 N. COTTONWOOD PT
HERNANDO FL 34442

7. Name and Address of New Registered Agent
 Name
LOWELL HOOPER
 Street Address (P.O. Box Number is Not Acceptable)
1220 LAKEVIEW DRIVE
INVERNESS
 City Zip Code
FL **34450**

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.

LOWELL W. HOOPER, PRESIDENT
 SIGNATURE: *Lowell W. Hooper* DATE: **2-14-07**
Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORDWELL, JOHN	
STREET ADDRESS	4926 N. COTTONWOOD PT	
CITY - ST - ZIP	HERNANDO FL 34442	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SONNAMAKER, DONALD	
STREET ADDRESS	3246 E. QUAIL COURT	
CITY - ST - ZIP	INVERNESS FL 34452	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL B	
STREET ADDRESS	10591 E. BALSAM	
CITY - ST - ZIP	INVERNESS FL 34450	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENSLEY, EMERY	
STREET ADDRESS	8682 E HENDERSON TRL.	
CITY - ST - ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIDDENS, DONALD	
STREET ADDRESS	7820 E ALLEN DR.	
CITY - ST - ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, ROBERT	
STREET ADDRESS	2436 E. ZELLNER DRIVE	
CITY - ST - ZIP	INVERNESS FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL HOOPER	
STREET ADDRESS	1220 LAKEVIEW DRIVE	
CITY - ST - ZIP	INVERNESS, FL 34450	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT (BOB) TURNER	
STREET ADDRESS	2436 E. ZELLNER DRIVE	
CITY - ST - ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD (JERRY) AVERY	
STREET ADDRESS	2815 FAWN CT	
CITY - ST - ZIP	INVERNESS, FL 34452	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARENCE WILLIAMSON	
STREET ADDRESS	501 S. CANADY DRIVE	
CITY - ST - ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM JOHNSON	
STREET ADDRESS	321 CAMELLIA AVE	
CITY - ST - ZIP	INVERNESS, FL 34452	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID THERRIEN	
STREET ADDRESS	2922 S. JEAN AVENUE	
CITY - ST - ZIP	INVERNESS, FL 34450	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Emery Hensley* **EMERY HENSLEY** **TREASURER** **2/14/07** **352.926.1252**