


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 018 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
 550 PLEASANT GROVE RD      550 PLEASANT GROVE RD  
 INVERNESS FL 34452-5789      INVERNESS FL 34452-5789  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**59-1265586**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**HOOPER, LOWELL**  
**1220 LAKEVIEW DR.**  
**INVERNESS FL 34450**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signatures, type or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME: HOOPER, LOWELL STREET ADDRESS: 1220 LAKEVIEW DR CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE: VPD NAME: TURNER, ROBERT (BOB) STREET ADDRESS: 2436 E. ZELLNER DR CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE: SD NAME: DAVIS, CAROL B STREET ADDRESS: 10591 E. BALSAM CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE: TD NAME: HENSLEY, EMERY STREET ADDRESS: 8682 E HENDERSON TRL. CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE: D NAME: JOHNSON, TOM STREET ADDRESS: 321 CAMELLIA AVE. CITY-ST-ZIP: INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: THERRIEN, DAVID STREET ADDRESS: 2922 S. JEAN AVE. CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: JERRY AJERY STREET ADDRESS: 2815 FAWN CT CITY-ST-ZIP: INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SAL BIANCO STREET ADDRESS: 502 E LANCASTER CITY-ST-ZIP: LECANTO, FL 34461-8164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GENE DAVIS STREET ADDRESS: P.O. BOX 700 CITY-ST-ZIP: INVERNESS, FL 34451-0700	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CLARENCE WILLIAMSON STREET ADDRESS: 205 EDISON ST CITY-ST-ZIP: INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lowell Hooper*, Lowell Hooper Pres. 4/9/08