2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 703863

1. Entity Name
FERRIS HILL BAPTIST CHURCH INC

Principal Place of Business	Mailing Address
6848 CHAFFIN STREET MILTON, FL 32570	6848 CHAFFIN STREET MILTON, FL 32570

04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1233119
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, BILL
6225 ROBINHOOD RD
MILTON, FL 32570

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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 Bill Wallace
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, 2008

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

U00000907861
05/06/08-80004-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JENKINS, JOHN A
STREET ADDRESS	4366 LISA LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	DV
NAME	POTTS, PHILLIP
STREET ADDRESS	5712 SWEET BIRCH LN
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	WALLACE, BILL
STREET ADDRESS	6225 ROBINHOOD RD
CITY-ST-ZIP	MILTON, FL 00000,
TITLE	SD
NAME	BRAXTON, DON
STREET ADDRESS	6067 GILLETTE DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	WILLIAMS, CURTIS L
STREET ADDRESS	6307 MOCKING BIRD LANE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dewitt Wade 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #