2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-26-2007 90059 003 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704736

1. Entity Name
FIRST BAPTIST CHURCH OF PINE CASTLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809	FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0799915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKHALTER, DR. WILLIAM 1001 HOFFNER AVENUE ORLANDO, FL 32809	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORRIS, TOM 2418 LANDO LANE ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOULTON, JOANN 2938 LAKE PINELOCH BLVD ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD KEY, REV GEORGE T 3800 WYLDWOODE LANE ORLANDO, FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Administrator Dolihite, Lee 3152 Oak Bluff Dr. Orlando, FL 32827	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELOON, WALT N 6109 MATCHETTE RD ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMS, AL 5617 PALMWOOD CIRCLE ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS 7/10/07	☐ Change ☐ Addition

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: William N. Burkhalter William N. Burkhalter (407) 855-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #