

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90016 008 \*\*\*\*61.25

<b>DOCUMENT # 704736</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF PINE CASTLE, FLORIDA, INC.</b>					
Principal Place of Business <b>FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809</b>			Mailing Address <b>FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-0799915</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BURKHALTER, DR. WILLIAM 1001 HOFFNER AVENUE ORLANDO, FL 32809</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating).                      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MORRIS, TOM</b> <b>2418 LANDO LANE</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MOULTON, JOANN</b> <b>2938 LAKE PINELOCH BLVD</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>DOLHITE, LEE</b> <b>3152 OAK BLUFF DR</b> <b>ORLANDO, FL 32827</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELOON, WALT N</b> <b>6109 MATCHETTE RD</b> <b>ORLANDO, FL 32809</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIMS, AL</b> <b>5617 PALMWOOD CIRCLE</b> <b>ORLANDO, FL 32839</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>McKinney, Larry</b> <b>4784 Arrow Rd</b> <b>Orlando FL 32812</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rees, David</b> <b>3306 S Summerlin Ave</b> <b>Orlando FL 32806-6329</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 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.					
<b>SIGNATURE</b> <b>William N. Burkhalter</b> <b>4/10/08</b> <b>407-855-4741</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					