

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

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90062 009 ****61.25

DOCUMENT # 705121

1. Entity Name

THE FIRST BAPTIST CHURCH OF LORIDA, INC.



Principal Place of Business

Mailing Address

1925 OAK AVE.
LOIRDA FL 33857
US

1ST BAPTIST CH. OF LORIDA, INC.
P.O. BOX 267
LOIRDA FL 33857
US



2. Principal Place of Business - No P.O. Box #

1927 Blessings Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 267

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Lorida, FL

City & State

Lorida, FL

4. FEI Number

59-2123643

Applied For

Not Applicable

Zip

33857

Country

US

Zip

33857

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, R. MARCUS
2427 VAN PELT ROAD
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Rev. Michael E Ford

Street Address (P.O. Box Number is Not Acceptable)

95 Raccoon Lane

City

Lorida

FL

Zip Code

33857

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when constituting

DATE

Rev. Michael E Ford

Feb 9, 2007

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	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, TOM	
STREET ADDRESS	6117 BAY LANE	
CITY- ST- ZIP	SEBRING FL 33876-0401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, TAMI	
STREET ADDRESS	P.O. BOX 3531	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	DT	<input type="checkbox"/> Delete
NAME	O'NEAL, HENRY	
STREET ADDRESS	PO BOX 539	
CITY- ST- ZIP	LORIDA FL 33857-0539	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLELLAND, RUTH	
STREET ADDRESS	1024 DENISE AVENUE	
CITY- ST- ZIP	SEBRING FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CHASTAIN, RANDALL	
STREET ADDRESS	1229 LAKESIDE WAY	
CITY- ST- ZIP	SEBRING FL 33876-7461	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL R MARCUS	
STREET ADDRESS	2427 VAN PELT RD	
CITY- ST- ZIP	SEBRING FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Della Ferguson	
STREET ADDRESS	449 Black Bass Pt.	
CITY- ST- ZIP	Lorida, FL 33857	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toby Cribbs	
STREET ADDRESS	1603 Evangeline Ave	
CITY- ST- ZIP	Sebring, FL 33870	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Ford	
STREET ADDRESS	95 Raccoon Lane	
CITY- ST- ZIP	Lorida, FL 33857	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

Rev. Michael E. Ford

Rev. Michael E. Ford

2-9-07

863-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #