2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # 705121 1. Entity Name THE FIRST BAPTIST CHURCH OF LORIDA, INC.							90034 017 ****6		
Principal Place of Business 1927 BLESSINGS AVE LORIDA, FL 33857 US		Mailing Address P.O. BOX 267 LORIDA, FL 33857 US			4005963	, 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008 _{CI}	ng-NP	CRŻE037 (12/0€	5)	
City & State		City & State			4. FEI Number 59-212364	3		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Si	atus Desired	□ \$8.75 . Fee Requ	Additional ired	
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New	Registered Agent		
FORD, MICHAEL E			Name	Name Booker Rev. Jonathan D					
95 RACCOON LANE LORIDA, FL 33857			Street A	Street Address (P.O. Box Number is Not Acceptable) 1927 Blessings Ave.					
			City	,			Zin C	ode	
				LOTI de FL 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 Signalus, hypothy puriod name of registered sport and site if applicable. (NOTE: Pegistered Agent signalure required when rendstang) DATE									
	Signolure, typodrer printed nome of repostered ago	ni and stie if applicable. (NOTE: Pe	gistered Agoni signati	ure foquire	d when reinstaking)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	ign Financing		\$5.00 May Be Added to Fees	,	Make check payab orlda Department o		
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I nereby 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 truetee 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 articles, with all other like empowered.

NEO HAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Booher