

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90034 017 \*\*\*\*61.25

**DOCUMENT # 705121**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF LORIDA, INC.**



Principal Place of Business  
**1927 BLESSINGS AVE  
LORIDA, FL 33857 US**

Mailing Address  
**P.O. BOX 267  
LORIDA, FL 33857 US**

**40059634**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2123643**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FORD, MICHAEL E  
95 RACCOON LANE  
LORIDA, FL 33857**

Name

**Booher, Rev. Jonathan D**

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

**1927 Blessings Ave.**

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, typewritten name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MCKNIGHT, TOM**  
STREET ADDRESS **6117 BAY LANE**  
CITY- ST- ZIP **SEBRING, FL 338760401**

TITLE **TD** ☐ Delete  
NAME **FERGUSON, DELLA**  
STREET ADDRESS **449 BLACK BASS PT**  
CITY- ST- ZIP **LORIDA, FL 33857**

TITLE **DT** ☒ Delete  
NAME **O'NEAL, HENRY**  
STREET ADDRESS **PO BOX 539**  
CITY- ST- ZIP **LORIDA, FL 338570539**

TITLE **SD** ☐ Delete  
NAME **MCCLELLAND, RUTH**  
STREET ADDRESS **1024 DENISE AVENUE**  
CITY- ST- ZIP **SEBRING, FL**

TITLE **MD** ☐ Delete  
NAME **CRIBBS, TOBY**  
STREET ADDRESS **1603 EVANGELINE AVE**  
CITY- ST- ZIP **SEBRING, FL 33870**

TITLE **MD** ☒ Delete  
NAME **FORD, MARCUS E**  
STREET ADDRESS **95 RACCOON LANE**  
CITY- ST- ZIP **LORIDA, FL 33857**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Calhoun, Jim**  
STREET ADDRESS **231 Hickory Ridge Dr.**  
CITY- ST- ZIP **Sebring, FL 33876**

TITLE **Booher Jonathan D.** ☐ Change ☒ Addition  
NAME **1927 Blessings Ave.**  
STREET ADDRESS **Lorida FL 33857**  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 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:**

**Jonathan Booher 3/25/08 (863) 655-1878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed