

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 705544

1. Entity Name
**TRUSTEES OF TURKEY CREEK FIRST BAPTIST
CHURCH, INC.**



Principal Place of Business
**4915 W TRAPNELL RD
PLANT CITY, FL 33567**

Mailing Address
**4915 W TRAPNELL RD
PLANT CITY, FL 33566**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0830755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, ALAN H
1305 CHARLIE GRIFFIN ROAD
PLANT CITY, FL 33567**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEWIS, ALAN H
1305 CHARLIE GRIFFIN ROAD
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JONES, JAMES
5302 S. TURKEY CREEK
PLANT CITY, FLA 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CROSBY, VERNON R JR
331 SYDNEY WASHER ROAD
DOVER, FL 33527**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000632710
02/21/07-80031-023 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alan H. Lewis Trustee 2/9/07 (813)294-7093