

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 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



01072008 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

Alan H. Lewis **ALAN H. Lewis** 1/14/08

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LEWIS, ALAN H
STREET ADDRESS	1305 CHARLIE GRIFFIN ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VD
NAME	JONES, JAMES
STREET ADDRESS	5302 S. TURKEY CREEK
CITY-ST-ZIP	PLANT CITY, FLA 00000,
TITLE	PD
NAME	CROSBY, VERNON R JR
STREET ADDRESS	331 SYDNEY WASHER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000788331
01/18/08-80037-003 61.25

**DO NOT WRITE
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 #