## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 705644**

FILED Apr 12, 2007 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH, MARY ESTHER, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 28 NORTH STREET MARY ESTHER, FL 32569 **Current Mailing Address: New Mailing Address:** 28 NORTH STREET MARY ESTHER, FL 32569 FEI Number: 59-1696431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASON, PHILIP MASON, PHILIP PRES 1926 RÚE LA FONTAINE 1926 RÚE LA FONTAINE NAVARRE, FL 32566 NAVARRE, FL 32566 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. SIGNATURE: PHILIP MASON 04/12/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FRIAR, GENE Name: Name: 3110 PGA BLVD Address: Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: Title: SD () Delete Title: () Change () Addition WENTWORTH, MARILYN Name: Name: Address: 241 S LORRAINE DRIVE Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MASON, PHILIP Name: LOPEZ, ROBERT Name: 1926 RUE LA FONTAINE Address: Address: 46 HILLCREST City-St-Zip: NAVARRE, FL 32566 City-St-Zip: SHALIMAR, FL 32579 Title: ( ) Delete Title: () Change () Addition Name: FERRELL, KEN Name: Address: 222 CRESCENT WOOD Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: () Delete Title: () Change () Addition ROBBINS, PHILLIP Name: Name: 7 REGENCY PARK Address: Address: City-St-Zip: MARY ESTHER, FL 32566 City-St-Zip: Title: () Delete Title: () Change () Addition HOWARD, LARRY Name: Name: Address: 119 BOB SIKES BLVE #1 Address: FORT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP MASON P 04/12/2007