


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90015 038 ****61.25

DOCUMENT # 706460					
1. Entity Name FIRST BAPTIST CHURCH OF CUTLER RIDGE, INC.					
Principal Place of Business CUTLER RIDGE INC 10301 CARIBBEAN BOULEVARD MIAMI, FL 33189			Mailing Address CUTLER RIDGE INC 10301 CARIBBEAN BOULEVARD MIAMI, FL 33189		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0979922	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARROWS, PATTI 18550 SW 93 AVE MIAMI, FL 33157			Name <i>Sullens James</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>9831 SW 190 Street</i>		
			City <i>Miami</i>		
			FL		
			Zip Code <i>33157</i>		
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		<i>James R. Sullens</i>		<i>James R. Sullens</i>	
		Signature, typed or printed name of registered agent and title if applicable.		DATE <i>5-7-08</i>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, LANE		NAME		
STREET ADDRESS	660 SE 23 LN		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD, FL 33033		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHANDLER, DANNY		NAME	<i>D Hamilton, Gary</i>	
STREET ADDRESS	10601 SW 199 ST.		STREET ADDRESS	<i>15885 SW 272 ST</i>	
CITY - ST - ZIP	MIAMI, FL 33157		CITY - ST - ZIP	<i>Homestead, FL 33031</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUDSON, RAY		NAME		
STREET ADDRESS	9940 NICARAGUA DR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33189		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARROWS, PATTI		NAME		
STREET ADDRESS	18550 SW 93 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33157		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Patti Barrows</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>May 7, 2008</i>	
				Daytime Phone # <i>305-235-2133</i>	