

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90009 037 \*\*\*\*62.15

**DOCUMENT # 707771**  
 1. Entity Name  
**THE FIRST BAPTIST CHURCH OF DOVER, INC.**



Principal Place of Business Mailing Address  
**3223 N. GALLAGHER RD. DOVER FL 33527 US**



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 **59-0794392** Applied For Not Applicable

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

1st MOORE CR2E037 (10/07)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOOTEN, STEVE**  
**1411 SANDALWOOD DR.**  
**PLANT CITY FL 33563**

Name **MICHAEL WYATT**  
 Street Address (P.O. Box Number if Not Applicable) **13116 LEWIS GALLAGHER RD.**  
 City **DOVER** FL **33527**

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 **MICHAEL WYATT, PRES.** *Michael Wyatt* **3/19/08**  
Signature, typed or printed name, of registered agent on this filing (do not sign) (NOTE: Registered Agent signature is required when requesting) DATE

**FILE NOW: 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MONTGOMERY, DAVID</b>	
STREET ADDRESS	<b>611 BEVERLY DR.</b>	
CITY- ST- ZIP	<b>BRANDON FL 33510</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>SWINDLE, LARRY</b>	
STREET ADDRESS	<b>9403 MCINTOSH RD.</b>	
CITY- ST- ZIP	<b>DOVER FL 33527</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>LEFLER, DAVID</b>	
STREET ADDRESS	<b>4455 SWINDELL RD.</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33810</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEC. DONALD WENDT</b>	
STREET ADDRESS	<b>1503 SMYRNA PLACE</b>	
CITY- ST- ZIP	<b>PLANT CITY, FL. 33563</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN BRIGHT WELLS, III</b>	
STREET ADDRESS	<b>2522 FRITZKE RD.</b>	
CITY- ST- ZIP	<b>DOVER, FL. 33527</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 as an attachment with an address, with all other like empowered.

*Michael Wyatt*

**3/19/08**