


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90108 003 ****70.00

DOCUMENT # 709094 1. Entity Name FIRST BAPTIST CHURCH OF POLK CITY, INC.					
Principal Place of Business 408 ARBORVITAE LN POB 428 POLK CITY, FL 33868-0428			Mailing Address 408 ARBORVITAE LN POB 428 POLK CITY, FL 33868-0428		
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		
6. Name and Address of Current Registered Agent BRIDGES, DAVID W 905 SOUTH DR. PO BOX 927 POLK CITY, FL 33868-0927				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P.D CARROLL, CHARLES M 740 4TH STREET POLK CITY, FL 338689719 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CHARLES 9174 BRYANT RD. LAKELAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTAGE, KEITH 224 S. CITRUS GROVE BLVD., PO BOX 294 POLK CITY, FL 338680294 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDY, MARJORIE V 9803 WILDER RD POLK CITY, FL 338689725 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTLEDGE, LEE 225 CITRUS GROVE BLVD., PO BOX 66 POLK CITY, FL 338680066 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGINNIS, KETURAH G 3610 OLD BERKLEY RD AUBURNDAL, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, SAMUEL 220 W. HARBORD ST LAKE ALFRED, FL 33850339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Clifford D. Rutledge</i>			CLIFFORD D RUTLEDGE		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-12-07 (863) 984-1272 <small>Date Daytime Phone #</small>		

ATTACHMENT
40004774

FIRST BAPTIST CHURCH OF POLK CITY, INC.
408 ARBOR VITAE LN
PO BOX 428
POLK CITY, FL 33868-0428

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT CONTINUATION:

BLOCK 11 ADDITIONS:

VD
BRIDGES, DAVID W
905 SOUTH DR
POLK CITY, FL 33868-9734

D
BYRD, TOM L
9545 NR SR 33
POLK CITY, FL 33868-9733

D
FUSSELL, THOMAS P
824 COMMONWEALTH AVE SW
POLK CITY, FL 33868-9467

D
PALMIER, DONALD J
5099 SOUTHSORE DR
POLK CITY, FL 33868-9562

AT
RUTLEDGE, CLIFFORD D
5027 SHELLEY CT
LAKELAND, FL 33805-7569