


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 709628 1. Entity Name FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, FLORIDA	
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Principal Place of Business 4995 CENTRAL AVE POB 908 DELEON SPRINGS, FL 32130	Mailing Address 4995 CENTRAL AVE POB 908 DELEON SPRINGS, FL 32130
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01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1494213	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

HESTER, BILL G
4455 CAVE LAKE ROAD
DE LEON SPRINGS, FL 32130

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPELAND, AL 4654 ORANGE DRIVE NORTH DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAST, BOB 1855 CORTEZ DRIVE PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, JOSEPH 217 CATALONIA AVENUE DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURCELL, LEON M PO BOX 441 PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESTER, BILL 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, WESLEY 340 PONCE DELEON BLVD DE LEON SPRINGS, FL 32130

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02/12/08-80083-008-61.25

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: Bill G Hester 01/25/08 386-985-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #