

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

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90019 028 \*\*\*\*70.00

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 709914</b>                                       |  |
| <b>1. Entity Name</b><br>ASTATULA BAPTIST CHURCH, INCORPORATED |                                                                                   |

|                                                                                     |                                                                   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>13239 FLORIDA AVE.<br>ASTATULA FL 34705<br>US | <b>Mailing Address</b><br>P.O. BOX 141<br>ASTATULA FL 34705<br>US |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|



|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

1st MOORE CR2E037 (10/07)

|                                                                                                                   |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALBERDING, DON<br>25829 CR 561<br>ASTATULA FL 34705 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

|                                    |                               |
|------------------------------------|-------------------------------|
| <b>4. FEI Number</b><br>59-6531138 | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                                             |                                       |
|-----------------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------------------------|---------------------------------------|

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: By signed Agent signature and used when reappointing) DATE \_\_\_\_\_

|                                                              |                                                                                                                               |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LANE, TRAVIS<br>25020 JEFFERSON STREET<br>ASTATULA FL 34705<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BECK, ELLA MAE<br>23047 ROBBINS RD.<br>ASTATULA FL 34705<br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBERDING, DON<br>25829 CR 561<br>ASTATULA FL 34705<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Trustee Not Deacon</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HATTO, DEACON<br>25000 CYPRESS POND CT<br>MONTVERDE FL<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BECK, MELVIN<br>23047 ROBBINS RD.<br>ASTATULA FL 34705<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Travis Lane Pastor* *2/15/08* 352-742-2221