

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

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 036 ****70.00

DOCUMENT # 710641 1. Entity Name FIRST BAPTIST CHURCH OF ROCKLEDGE, FLORIDA, INC.					
Principal Place of Business 1810 CEDAR STREET ROCKLEDGE FL 32955			Mailing Address 1810 CEDAR STREET ROCKLEDGE FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1150446	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POOR, J. WALLACE 958 BAYWARD PLACE ROCKLEDGE FL 32955			7. Name and Address of New Registered Agent Name Ruth, James Street Address (P.O. Box Number is Not Acceptable) 1149 Luther Drive City Rockledge FL Zip Code 32955		
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 James Ruth <i>James E. Ruth</i> 1/29/08 <small>Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature is required when reinstating)</small>					
FILE NOW 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		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	PD POOR, J. WALLACE 958 BAYWARD PLACE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD WALKER, JOSEPH A 960 MAYFLOWER AVE. MELBOURNE FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD WILLIS, TOM 875 YORKTOWNE DR ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD WILKINSON, RICHARD 1377 BYRD CT ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD Ruth, James 1149 Luther Drive, Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD Willis, Tom 875 Yorktowne Dr. Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD Willis, Tom 875 Yorktowne Dr. Rockledge, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<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: **James Ruth** *James E. Ruth* 1/29/08 321-636-1493