

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # 710901  
 1. Entity Name  
 WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORIDA



Principal Place of Business      Mailing Address  
 609 W INDIANA AVE                      609 W INDIANA AVE  
 BONIFAY, FL 32425 US                      BONIFAY, FL 32425 US



01102007 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2347973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MIDDLEBROOKS, A.E.  
 1410 N. WANKESHA STREET  
 BONIFAY, FL 32425

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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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000654240  
 03/13/07-80053-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, LESTER 2246 GATOR LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLEBROOKS, A E 1410 N WAUKESHA ST BONIFAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDER 3126 ANDER BROWN LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *A. E. Middlebrooks*      2-25-07      850-547-3478  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #