


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 711597
 1. Entity Name
FIRST BAPTIST CHURCH OF AURANTIA, INC.



Principal Place of Business Mailing Address
3953 FAIRFAX DRIVE **PO BOX 96**
MIMS, FL 32754-0096 **MIMS, FL 32754-0096**



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2349256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
LUCIER, MARY
4965 HARRISON RD
MIAMI, FL 32754

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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: Mary Lucier DATE: 01/22/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERILL, TOM 3941 STERLINE STREET. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, LYTLE II 3440 CARTER RD. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCIER, MARY 4965 HARRISON RD. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, VIRGINIA A 5720 SEMINOLE ST. SCOTTSMOOR, FL 32755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY, JAMES 3333 KENTUCKY ST. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/05/07-80013-025 61.25

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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: Virginia Ann Johnston VIRGINIA A. JOHNSTON 01/22/07 (321-269-1618)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #