

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90827 047 ****61.25

DOCUMENT # 714183

1. Entity Name
FIRST BAPTIST CHURCH OF KEY LARGO, INC.



Principal Place of Business
**99001 OVERSEAS HIGHWAY
KEY LARGO, FL 33037**

Mailing Address
**99001 OVERSEAS HIGHWAY
KEY LARGO, FL 33037**

40092560



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1088214

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEAVER, WILLIAM
131 MOHAWK ST
TAVERNIER, FL 33070**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DD** Delete
NAME **WEAVER, WILLAM**
STREET ADDRESS **131 MOHAWK ST.**
CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE **SD** Change Addition
NAME **William Weaver**
STREET ADDRESS **131 Mohawk St**
CITY-ST-ZIP **Tavernier, FL 33070**

TITLE **C** Delete
NAME **BRISHKE, PAUL C SR**
STREET ADDRESS **P.O. BOX 821**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D** Change Addition
NAME **Doug Hench**
STREET ADDRESS **1078 Adams Dr.**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **D** Delete
NAME **HARLLEE, JACK**
STREET ADDRESS **10980 COUNTRY RD., #1905**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D** Change Addition
NAME **Jack Harllee**
STREET ADDRESS **10980 Country Road # 905**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **D** Delete
NAME **LESCALEET, TIM**
STREET ADDRESS **115 STARFISH LN**
CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE **D** Change Addition
NAME **William Harrelson**
STREET ADDRESS **14 Pompano Ave.**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **ASD** Delete
NAME **COTTRELL, GORDON**
STREET ADDRESS **7 CORRINE PL**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VD** Change Addition
NAME **Gordon Cottrell**
STREET ADDRESS **7 Corrine Place**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **D** Delete
NAME **VALDES, CARLOS**
STREET ADDRESS **219 JOLLY ROGER DR**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07

305-394-1412