

# 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**

40092360



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04242007 Chg-NP CR2E037 (12/06)

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

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

## 7. Name and Address of New Registered Agent

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

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

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

TITLE **ASD** ☐ Delete  
NAME **COTTRELL, GORDON**  
STREET ADDRESS **7 CORRINE PL**  
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**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Doug Hensch**  
STREET ADDRESS **1018 Adams Dr.**  
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** ☐ Change ☒ Addition  
NAME **William Harrelson**  
STREET ADDRESS **14 Pompano Ave.**  
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE **V D** ☒ Change ☐ Addition  
NAME **Gordon Cottrell**  
STREET ADDRESS **7 Corrine Place**  
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