


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

**FILED
Apr 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # 714457
1. Entity Name
FIRST BAPTIST CHURCH OF ANTHONY, INC.



Principal Place of Business Mailing Address
C/O BOBBY J PALMER C/O BOBBY J PALMER
PO BOX 267 PO BOX 267
ANTHONY FL 32617 ANTHONY FL 32617



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)
4. FEI Number **59-2327124** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CARTER, JAMES E III
5259 NE 97TH STREET RD.
ANTHONY FL 32617**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	VD	<input type="checkbox"/> Delete
NAME	CANNON, DANIEL C	
STREET ADDRESS	2216 NE 49TH ST	
CITY- ST- ZIP	OCALA FL 34479	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANT, MARILYN	
STREET ADDRESS	1635 W HWY 316	
CITY- ST- ZIP	CITRA FL 32113	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, PATRICIA F	
STREET ADDRESS	4040 NW 152ND ST	
CITY- ST- ZIP	REDDICK FL 32686	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, JAMES E	
STREET ADDRESS	5259 NE 97TH ST RD	
CITY- ST- ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Patricia F. Simpson* Patricia F. Simpson 4-11-08 352-732-5600