


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 013 ****70.00

DOCUMENT # 715458

1. Entity Name
 FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.



Principal Place of Business
 97 CENTER STREET, SOUTH
 BALDWIN, FL 32234

Mailing Address
 97 CENTER STREET, SOUTH
 BALDWIN, FL 32234

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40027288



02272007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1762281

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAGAN, JOE
 12021 W. BEAVER STREET
 JACKSONVILLE, FL 32220

7. Name and Address of New Registered Agent

Name *Sally C Daniels*
 Street Address (P.O. Box Number is Not Acceptable)
119 N. Center St.
 City *Baldwin* FL Zip Code *32234*

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 *Sally C Daniels* DATE *2-27-07*

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HORTON, RON	
STREET ADDRESS	653D FOURAKER RD.	
CITY-ST-ZIP	BRYCEVILLE, FL 32009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, MIKE	
STREET ADDRESS	16524 VILLAGE GREEN DRIVE SOUTH	
CITY-ST-ZIP	BALDWIN, FL 32234	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAFT, CARL	
STREET ADDRESS	448 PLEASANT PINE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WENDELL, BRYAN	
STREET ADDRESS	160 ROSEWOOD ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32234	
TITLE	T	<input type="checkbox"/> Delete
NAME	FUCHS, RICHARD	
STREET ADDRESS	5124 PICKETT DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, JOE	
STREET ADDRESS	12021 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Barber, John</i>	
STREET ADDRESS	<i>67 Orange Avenue</i>	
CITY-ST-ZIP	<i>Baldwin, FL 32234</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bell, James</i>	
STREET ADDRESS	<i>2603 Hwy 301 North</i>	
CITY-ST-ZIP	<i>Baldwin, FL 32234</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Riddle, Bart</i>	
STREET ADDRESS	<i>14470-1 Normandy Blvd.</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32234</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Rosier, Barry</i>	
STREET ADDRESS	<i>8051 Chateau DR. S.</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32221</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Starling, Terry</i>	
STREET ADDRESS	<i>15810 Girl Road EAST</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32234</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Wolfe, Paul</i>	
STREET ADDRESS	<i>8952 FORD Road</i>	
CITY-ST-ZIP	<i>Bryceville, FL 32009</i>	

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 enclosures.

SIGNATURE: *Sally C Daniels* DATE: *2-27-07* (904) Daytime Phone #: *2664222*

Signature and typed or printed name of signing officer or director