


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 043 ****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.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40021000



01292008 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 | | 7. Name and Address of New Registered Agent | |
|---|--|--|--|
| DANIELS, SALLY C 119 N. CENTER ST. BALDWIN, FL 32234 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | State 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, 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------------|--|--|---|------------------------|---------------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HORTON, RON. | | | NAME | John Barber | | |
| STREET ADDRESS | 653D FOURAKER RD. | | | STREET ADDRESS | 67 Orange Avenue | | |
| CITY-ST-ZIP | BRYCEVILLE, FL 32009 | | | CITY-ST-ZIP | Baldwin, FL 32234 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WIGGINS, MIKE | | | NAME | James Bell | | |
| STREET ADDRESS | 16524 VILLAGE GREEN DRIVE SOUTH | | | STREET ADDRESS | 2603 Hwy 301 North | | |
| CITY-ST-ZIP | BALDWIN, FL 32234 | | | CITY-ST-ZIP | Baldwin, FL 32234 | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CRAFT, CARL | | | NAME | Bart Riddle | | |
| STREET ADDRESS | 448 PLEASANT PINE DRIVE | | | STREET ADDRESS | 14470-1 Normandy Blvd. | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32220 | | | CITY-ST-ZIP | Jacksonville, FL 32234 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WENDELL, BRYAN | | | NAME | Barry Rosier | | |
| STREET ADDRESS | 160 ROSEWOOD ST. | | | STREET ADDRESS | 3051 Chateau DR. So. | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32234 | | | CITY-ST-ZIP | Jacksonville, FL 32221 | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | FUCHS, RICHARD | | | NAME | Terry Starling | | |
| STREET ADDRESS | 5124 PICKETT DR | | | STREET ADDRESS | 15810 Girl Road East | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32219 | | | CITY-ST-ZIP | Jacksonville, FL 32234 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HAGAN, JOE | | | NAME | | | |
| STREET ADDRESS | 12021 W BEAVER ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32220 | | | 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: *Sally C Daniels* **1/30/08 9042664222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #