

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718649**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF ALVA, INC.**



Principal Place of Business

**2790 JOEL BLVD.  
ALVA, FL 33920**

Mailing Address

**P.O. BOX 577  
ALVA, FL 33920**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1912989**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HENDERSON, GEORGE JR  
11300 SHIRLEY LANE  
FT. MYERS, FL 33917**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

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**

**U00000584237  
01/12/07-80027-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	LANIER, JAMES
STREET ADDRESS	1132 APACHEE
CITY-ST-ZIP	LABELLE, FL
TITLE	VD
NAME	HANSEN, ERNEST
STREET ADDRESS	8289 BOONESBORO RD.
CITY-ST-ZIP	N. FT MYERS, FL
TITLE	PD
NAME	HENDERSON, GEORGE A J
STREET ADDRESS	11300 SHIRLEY LANE
CITY-ST-ZIP	N FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #