

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 719022

1. Entity Name
BIBLE BAPTIST CHURCH OF FT. PIERCE, INC.



Principal Place of Business

**4401 S. 25TH STREET
FORT PIERCE, FL 34981**

Mailing Address

**4401 S. 25TH STREET
FORT PIERCE, FL 34981**



07102006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1411334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEBRIS, CARL M
219 S.E. GROVE AVENUE
PORT ST. LUCIE, FL 34983**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEBRIS, CARL M
STREET ADDRESS	219 S.E. GROVE AVENUE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	TD
NAME	ANDERSEN, JOHN W
STREET ADDRESS	5211 PALM DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	VD
NAME	HIBBARD, KENNETH L
STREET ADDRESS	2100 ELIZABETH AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	PAULISON, DONALD L
STREET ADDRESS	525 NW CARDINAL DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/06-80017-010 61.25

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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 #

Kenneth L. Hibbard
7/13/2006 772/466-0997