


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 719022</b><br>1. Entity Name<br><b>BIBLE BAPTIST CHURCH OF FT. PIERCE, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4401 S. 25TH STREET<br/>FORT PIERCE, FL 34981</b> | Mailing Address<br><b>4401 S. 25TH STREET<br/>FORT PIERCE, FL 34981</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-1411334</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

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

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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

|   |   |   |
|---|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U000000800768<br/>01/31/08-80030-018 61.25</b> |
|---|---|---|

10. OFFICERS AND DIRECTORS

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

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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:** *Kenneth L. Hibbard* **Kenneth L. Hibbard** 1/24/08 772-359-4521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #