

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 723940

1. Entity Name

FIRST BAPTIST CHURCH OF MARIANNA, INC. THE



Principal Place of Business

2897 GREEN STREET
MARIANNA FL 32446
US

Mailing Address

2897 GREEN STREET
MARIANNA FL 32446
US



2nd MOORE

CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0864592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, GLADYS
2897 GREEN STREET
MARIANNA FL 32446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

FILE NOW: FEE IS \$61.25
Due By: September 5, 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 SD ☐ Delete
NAME HILL, GLADYS
STREET ADDRESS 2897 GREEN ST
CITY-ST-ZIP MARIANNA FL 32446

TITLE T ☐ Delete
NAME FOSTER, KAY
STREET ADDRESS 2897 GREEN ST
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME HAYLES, VELMA
STREET ADDRESS 2949 SPRING STREET
CITY-ST-ZIP MARIANNA FL

TITLE D ☐ Delete
NAME PETERS, DOROTHY
STREET ADDRESS 3392 HWY. 73
CITY-ST-ZIP MARIANNA FL 32446

TITLE P ☐ Delete
NAME MELVIN, DAVID
STREET ADDRESS 4646 THE OAKS DRIVE
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME PEACOCK, BILL
STREET ADDRESS 3391 HIGHWAY 73
CITY-ST-ZIP MARIANNA FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000769838
CITY-ST-ZIP 07/20/07-80007-001 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Gladys Hill*

Gladys Hill

7/15/07