


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90004 032 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0864592				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, GLADYS		NAME	Gene Purvis	
STREET ADDRESS	2897 GREEN ST		STREET ADDRESS	3550 Kynesville Rd	
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP	Marianna, FL 32448	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, KAY		NAME		
STREET ADDRESS	2897 GREEN ST		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYLES, VELMA		NAME		
STREET ADDRESS	2949 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, DOROTHY		NAME		
STREET ADDRESS	3392 HWY. 73		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, DAVID		NAME		
STREET ADDRESS	4646 THE OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, BILL		NAME		
STREET ADDRESS	3391 HIGHWAY 73		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		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: <u>Gladys Hill</u> Gladys Hill			Date <u>5-1-08</u> Daytime Phone #		