

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

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90025 046 \*\*\*\*61.25

**DOCUMENT # 724821**

1. Entity Name

FIRST BAPTIST CHURCH OF HUDSON, FLORIDA, INC.



Principal Place of Business

7009 HUDSON AVE  
HUDSON FL 34667  
US

Mailing Address

P.O. BOX 5532  
HUDSON FL 34674  
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2348746

Applied For

Not Applicable

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

COMBS, CATHERINE  
5100-5 JAMESTOWN AVENUE  
NEW PORT RICHEY FL 34652

*Delete*

Name

*Dr. Stan Kistler*

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

*1725 Tumbleweed Dr.*

City

*Holiday*

FL

Zip Code

*34690*

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

*Dr. Stan Kistler, Pastor*

*2-19-07*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CC ☒ Delete  
NAME RANDOLPH, MINNIE  
STREET ADDRESS 7703 PARKWOOD BOULEVARD  
CITY-ST-ZIP HUDSON FL 34667

TITLE M ☐ Change ☒ Addition  
NAME Stan Kistler  
STREET ADDRESS 1725 Tumbleweed Dr.  
CITY-ST-ZIP Holiday, FL 34690

TITLE CT ☒ Delete  
NAME COMBS, CATHERINE  
STREET ADDRESS 5100-5 JAMESTOWN AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE T ☐ Change ☐ Addition  
NAME John Sindelar III  
STREET ADDRESS 7119 Commons Blvd.  
CITY-ST-ZIP Port Richey, FL 34668

TITLE T ☐ Delete  
NAME ALLISON, HARRY  
STREET ADDRESS 11344 WINDSTAR COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE D ☐ Delete  
NAME ABRAMS, STEPHEN  
STREET ADDRESS 12631 OAK TREE DRIVE  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 Section 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:

*Dr. Stan Kistler*

*2-19-07*

*(72)938-6425*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #