

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 726938**

1. Entity Name  
**FAITH BAPTIST CHURCH OF PERRY, FLORIDA,  
INCORPORATED**



Principal Place of Business

1439 N US 19  
PERRY, FL 32347

Mailing Address

5328 PUCKETT RD  
PERRY, FL 32348



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1582668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HIERS, JAMES W  
RT 5, BOX 440  
MCDANIEL RD  
PERRY, FL 32347**

**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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAWLIN, PAUL
STREET ADDRESS	1431 NORTH 19
CITY-ST-ZIP	PERRY, FL 32347
TITLE	V
NAME	GRANT, DAVID L
STREET ADDRESS	600 W MAIN STREET
CITY-ST-ZIP	PERRY, FL
TITLE	D
NAME	HENDRY, AL
STREET ADDRESS	5328 PUCKETT RD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	ST
NAME	HIERS, JAMES W
STREET ADDRESS	2402 WATTS RD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000272111  
03/21/05-80077-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*James W. Hiers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05 850-584-3526  
Date Daytime Phone #