

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 730083

1. Entity Name
FIRST BAPTIST CHURCH OF PORT SALERNO, INC.



Principal Place of Business
**4397 SE DIXIE HIGHWAY
4397 SE DIXIE HWY.
PORT SALERNO, FL 34992 US**

Mailing Address
**P O BOX 398
4397 SE DIXIE HWY.
PORT SALERNO, FL 34992 US**



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

3. Mailing Address

01302007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2374032

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

**HARPER JOE T.
5041 PINEKNOLL P.O.398
PORT SALERNO, FL 33492**

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

**Filing 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

TITLE **ST** ☐ Delete
NAME **WOJCIESZAK, DAVID**
STREET ADDRESS **1868 N E OCEAN BLVD**
CITY-ST-ZIP **STUART, FL**

TITLE **P** ☐ Delete
NAME **HARPER, JOE**
STREET ADDRESS **#3 PINE KNOLL DR**
CITY-ST-ZIP **PT SALERNO, FL**

TITLE **D** ☐ Delete
NAME **HARPER, JOE M**
STREET ADDRESS **5113 SE FRONT ST**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete
NAME **WOJCIESZAK, KIM**
STREET ADDRESS **3591 S.E. LEONARD LANE**
CITY-ST-ZIP **PT SALERNO, FL 00000,**

TITLE **D** ☐ Delete
NAME **CRANE, R H**
STREET ADDRESS **4797 S.E. COMPASS WAY**
CITY-ST-ZIP **PT SALERNO, FL 00000,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000634270
02/22/07-80003-003 70.00

TITLE
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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: **David A Wojcieszak, ST**

1-30-07

772 286-8696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #