

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 730551**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF WEIRSDALE,  
FLORIDA, INC.**



Principal Place of Business

13725 SE 164 ST  
BOX 606  
WEIRSDALE, FL 32195

Mailing Address

13725 SE 164 ST  
BOX 606  
WEIRSDALE, FL 32195



01142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1575841

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH  
16987 SE 155 AVE  
WEIRSDALE, FL 32195

**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 reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DC  
HOLLINGSWORTH, WILLIAM F  
16987 SE 155 AVE  
WEIRSDALE, FL 32195

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
BIELLING, J.D.  
14455 SE 155TH ST  
WEIRSDALE, FL 32195

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DT  
HOLLINGSWORTH, EMMA  
16987 SE 155 AVE  
WEIRSDALE, FL 32195

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
SANFORD, IRENE  
14430 SE HWY 42  
WEIRSDALE, FL 32195

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000602458  
01/26/07-80090-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

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

*William Hollingsworth*

1-21-07

Date

Daytime Phone #