


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90063 028 ****70.00

DOCUMENT # 730801						
1. Entity Name FAULKENBURG ROAD BAPTIST CHURCH, INC.						
Principal Place of Business INTERSECT. OF CTY. RD. 579 & VALENCIA DR 4823 PRESIDENTIAL STREET SEFFNER, FL 33584 US			Mailing Address INTERSECT. OF CTY. RD. 579 & VALENCIA DR 4823 PRESIDENTIAL STREET SEFFNER, FL 33584 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number NOT APPLICABLE		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BLACKSTONE, JAMES D 4823 PRESIDENTIAL STREET SEFFNER, FL 33584			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 _____			DATE _____			
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKSTONE, JAMES D			NAME		
STREET ADDRESS	4823 PRESIDENTIAL ST.			STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584			CITY-ST-ZIP		
TITLE	VOTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKSTONE, THELMA			NAME		
STREET ADDRESS	4823 PRESIDENTIAL STREET			STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUEFELD, BARBARA			NAME	BLUEFELD, BARBARA	
STREET ADDRESS	501 ROBIN HILL CIRCLE			STREET ADDRESS	1419 GULF STREAM CIRCLE APT 201	
CITY-ST-ZIP	BRANDON, FL 33510			CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: <i>JAMES D. BLACKSTONE</i> <i>James D. Blackstone</i>		Date: <i>4/3/08</i>		Daytime Phone #: <i>(813)685-9489</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		