


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 732273
 1. Entity Name
 FIRST BAPTIST CHURCH, SALT SPRINGS, FLORIDA, INC.



Principal Place of Business 24100 E HWY 314 SALT SPRINGS, FL 32134	Mailing Address 24100 E HWY 314 SALT SPRINGS, FL 32134
--	--

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1761692	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, REBECCA A MA
 4487 NE 114 TERRACE
 SILVER SPRINGS, FL 34489

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: *Rebecca A Henry MA* DATE: *16 January 2008*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHESSER, WILLIS E
STREET ADDRESS	12340 NE 236TH TERR
CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	O
NAME	BURLINGAME, VERN
STREET ADDRESS	25260 NE 138 PLACE
CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	O
NAME	VANDEVENTER, CAROL
STREET ADDRESS	52060 NE 145 AV RD
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000795336
 01/28/08-80044-013 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: *Willis E. Chesser* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR