
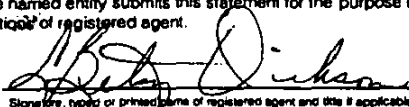
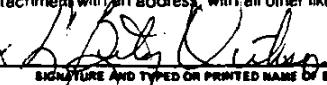


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-07-2008 90028 046 \*\*\*\*70.00

<b>DOCUMENT # 732789</b>					
1. Entity Name <b>FIRST BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>3301 DAIRY RD. MELBOURNE, FL 32904</b>			Mailing Address <b>3301 DAIRY RD. MELBOURNE, FL 32904</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-0782447</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DICKSON, L BETSY 1167 STOCKBRIDGE WAY WEST MELBOURNE, FL 32904</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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: <b>4-2-2008</b>		(NOTE: Registered Agent signature required when reinstating)
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DICKSON, L BETSY</b>		NAME	<b>Steve Wherry</b>	
STREET ADDRESS	<b>1167 STOCKBRIDGE WAY</b>		STREET ADDRESS	<b>3916 Peacock Dr.</b>	
CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>		CITY-ST-ZIP	<b>West Melbourne, FL 32904</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, DUDLEY</b>		NAME		
STREET ADDRESS	<b>3110 WEST FLORIDA AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENZ, STEPHEN</b>		NAME		
STREET ADDRESS	<b>102 PECKHAM STREET NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 32907</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EARLS, DEAN</b>		NAME		
STREET ADDRESS	<b>579 CADILAC CIRCLE W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEATHERS, MAXINE</b>		NAME		
STREET ADDRESS	<b>742 SAMUEL CHASE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROW, LEN</b>		NAME		
STREET ADDRESS	<b>1167 STOCKBRIDGE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>		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: 			DATE: <b>4-2-2008</b>		Daytime Phone #: <b>321-922-5426</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					