


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 733243 1. Entity Name FIRST BAPTIST CHURCH OF BELLEVIEW, INC.	
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Principal Place of Business 6107 S.E. AGNEW RD. BELLEVIEW, FL 32620	Mailing Address 6107 S.E. AGNEW RD. BELLEVIEW, FL 32620
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0965139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERRY, J. A.
6109 SE AGNEW STREET
BELLEVIEW, FL 32620

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

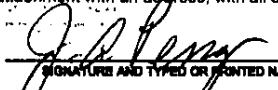
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000795601 01/28/08-80054-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, J A 6107 SE AGNEW ST BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GREG 6107 SE AGNEW ST BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, ORAL 6107 SE AGNEW ST BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARCELL, ALKENS J 6107 SE AGNEW RD BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WALKER, RONALD 6107 SE AGNEW RD BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1-16-08** **352-245-9106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #