2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/6

FILED
Mar 07, 2008 8:00 am
Secretary of State
02-06-2008 90026 007 ****61.25

DOCUMENT # 736179

1. Entity Name
FIRST BAPTIST CHURCH OF HOMOSASSA, INC.

66002864

Principal Place of Business	Mailing Address
10540 W.YULEE DR. HOMOSASSA, FL 34448 US	P O BOX 578 HOMOSASSA, FL 34487-0578 US

01302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2333905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWLINSON, SALLY E 8475 W BRADSHAW STREET HOMOSASSA, FL 34448	Name: Skip Turvaville Street Address (P.O. Box Number is Not Acceptable): 9350 Spring Cove Rd. City: Homosassa FL Zip Code: 34448

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: Skip Turvaville SKip Turvaville 2-4-08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCO BUNTS, WARREN 10489 W MAIN ST HOMOSASSA, FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROWLINSON, SALLY E 8475 W BRADSHAW STREET HOMOSASSA, FL 34448	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Linda Turvaville 9350 Spring Cove Rd. Homosassa, Fl 34448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAATZ, ROBERT 5266 S STETSON PT DRIVE HOMOSASSA, FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURVAVILLE, SKIP 9350 SPRING COVE RD HOMOSASSA, FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYER, EARL 11670 W. GREGORY CT HOMOSASSA, FL 34448	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bob Anderson 3 Euphorbia Court Homosassa, Fl 34446	☐ Change ☒ Addition

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:** Skip Turvaville SKip Turvaville 2-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #