


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 007 ****61.25

DOCUMENT # 736534			
1. Entity Name FIRST BAPTIST CHURCH OF ISLAMORADA, INC.			
Principal Place of Business U.S. HIGHWAY #1, MILE MARKER 81.2 P.O. BOX 453 ISLAMORADA, FL 33036		Mailing Address U.S. HIGHWAY #1, MILE MARKER 81.2 P.O. BOX 453 ISLAMORADA, FL 33036	
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
6. Name and Address of Current Registered Agent PRITCHETT, EVIE E JR 108 PLANTATION SHORES DR. TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name <u>Sandra W. Wilson</u> Street Address (P.O. Box Number is Not Acceptable) <u>342 Lemon Avenue</u> City <u>Marathon</u> <u>FL</u> Zip Code <u>33050</u>	
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: <u>Sandra W. Wilson</u>		Title <u>Treasurer</u> Date <u>7/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	CD CURTIS MOBLEY <input type="checkbox"/> Delete 105 WHITE MARTIN BCH BLVD ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLSAP, WALTER D <input type="checkbox"/> Delete 81203 OLD HWY. ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHETT, EVIE <input checked="" type="checkbox"/> Delete 108 PLANTATION SHORES DR TAVERNIER, FL 33070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sandra W. Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 342 Lemon Avenue Marathon, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sandra W. Wilson</u>		Date <u>7/20/07</u> (305) 289-2994 <small>Daytime Phone #</small>	