


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 08:00 AM
Secretary of State

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
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05182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1652631	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

WILSON, SANDRA W
342 LEMON AVE
MARATHON, FL 33050

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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 _____
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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CURTIS MOBLEY 105 WHITE MARTIN BCH BLVD ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLSAP, WALTER D 81203 OLD HWY. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, SANDRA W 342 LEMON AVE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000951931
 06/04/08-80053-017 \$1.25

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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: Sandra W. Wilson *Sandra W. Wilson* Treasurer/Director 5/18/08 305-289-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #