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

DOCUMENT #736881

1. Entity Name

CHARLIE CREEK FAITH BAPTIST CHURCH, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6885 STATE RD 64E

WAUCHULA, FL 33873

6885 STATE RD 64E WAUCHULA, FL 33873



DO NOT WRITE IN THIS SPACE

03052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0983262 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLES, J. RUSSELL 619 MAUDE ROAD WAUCHULA, FL 33873

DO NOT WRITE

			IN THIS SPACE		
	named entity submits this statement for tions of registered agent.	the purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	ANATE Pagetased	A next placetur	a required when reinstating)	DATE
	Signature, typed or printed name of registered agent a	nu use a applicable (NOTC: Neglistere	Agent signature	a tedosac wieli telizemile)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	DS				
NAME	SOLES, J. RUSSELL				
STREET ADDRESS	619 MAUDE ROAD				
CITY-ST-ZIP	WAUCHULA, FL 33873				
TITLE	D				December 7000
NAME	TATUM, ALMA				U00000917306
STREET ADDRESS	2451 EDGES DRIVE				05/13/08-80037-001 61.25
CITY-ST-ZIP	WAUCHULA, FL 33873				
TITLE	D				
NAME	BLAND, OPAL				
STREET ADDRESS	25 FOREST HILL COURT			DO	NOT WRITE
CITY-ST-ZIP	AVON PARK, FL 338254217			טע	MOI WALLE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

OAKMAN, MARCILL

1234 SPARROW RD

ZOLFO SPRINGS, FL 33890

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

863-784-0470