


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738344</b> 1. Entity Name FIRST BAPTIST CHURCH OF WEBSTER, INC.	
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Principal Place of Business 1ST AVE. AND S.E. 2ND ST. P.O. BOX 217 WEBSTER, FL 33597	Mailing Address N P.O. BOX 217 WEBSTER, FL 33597
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01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1630835	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  
  
FUSSELL, MARVIN JR  
1ST AVE AND 2ND STREET  
WEBSTER, FL 33597

**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 M/A (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSSELL, MARVIN JR 1ST AVE AND 2ND ST. WEBSTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUSSELL, MARVIN HWY 478 WEBSTER, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNELL, MARILYN 682 CR 778 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, KENNETH T 5052 CR 634 S BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000793983  
01/30/08-80031-008 61.25

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: Marilyn Connell 1/16/08 352-743-3738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #