

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 738544

1. Entity Name
**FELLOWSHIP BAPTIST CHURCH OF CARRABELLE,
FLORIDA, FRANKLIN COUNTY, INC.**



Principal Place of Business
**706 RYAN DR.
CARRABELLE, FL 32322**

Mailing Address
**PO DRAWER KK
CARRABELLE, FL 32322**

DO NOT WRITE IN THIS SPACE



09062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1776503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLENDER, FARRIS VANCE
HWY 67 N
CARRABELLE, FL 32322**

**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

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 7, 2005**

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
**D
MILLENDER, FARRIS
HIGHWAY 67 NORTH
CARRABELLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, ZENITH
PO BOX 742
CARRABELLE, FL 32322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLENN, DON
RYAN DR. & F AVE. WEST
CARRABELLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000377982
09/08/05-80005-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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:

Zenith Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-6-05

Daytime Phone #

850 697 3504