

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 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**



07212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000770194
07/24/07-80007-001 61.25

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 COLLINS, MARK RYAN DRIVE & F AVENUE W CARRABELLE, FL 32322

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Zenith Barnett 7/20/07 850 697-3504
Date Daytime Phone #