2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 048 ****61.25

DOCUMENT # 740728

1. Entity Name
THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

Principal Place of Business	Mailing Address
110 MAPLE STREET WEST PO BOX 685 DAVENPORT, FL 33837	MAPLE STREET WEST PO BOX 685 DAVENPORT, FL 33836

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2355403 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCKER, DAVID E. 411 NORTH BLVD. W. DAVENPORT, FL 33837	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP ☐ Delete NAME ROCKER, DAVID E. STREET ADDRESS 411 NORTH BLVD W. CITY-ST-ZIP DAVENPORT, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV ☐ Delete NAME SMITH, STEVE STREET ADDRESS 116 TERRACE DR CITY-ST-ZIP HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS ☐ Delete NAME CONLEY, WENDELL STREET ADDRESS LAGO VISTA COURT CITY-ST-ZIP DAVENPORT, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐ Delete NAME LINDER, LEE STREET ADDRESS 627 POWER LINE RD CITY-ST-ZIP DAVENPORT, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DT ☐ Delete NAME CHUMNEY, MILDRED STREET ADDRESS EAST LEMON STREET CITY-ST-ZIP DAVENPORT, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐ Delete NAME PREVATT, SONNIE STREET ADDRESS 1425 JOHNS AVENUE CITY-ST-ZIP HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #