

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90055 037 ****70.00

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1. Entity Name
THE FIRST BAPTIST CHURCH OF BRANFORD, INC.



Principal Place of Business
**607 SW SUWANNEE AVE
BRANFORD, FL 32008**

Mailing Address
**PO BOX 853
BRANFORD, FL 32008**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1203217

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BULLOCK, STEPHEN C
10 N COLUMBIA STREET
LAKE CITY, FL 32056**

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 September 14, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TINDALE, CURTIS
22083 43RD DR
LAKE CITY, FL 32055** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Gayland, Bill
7556 240th Str.
O'Brien, FL 32071** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DERINGER, DAVID
7160 300TH ST
BRANFORD, FL 32008** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Kelley, Kevin
7701 290th Str.
Branford, FL 32008** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BURNS, MATT
PO BOX 321
BRANFORD, FL 32008** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LEWIS, THOMAS
P.O. BOX 563
BRANFORD, FL 32008** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WALKER, BILLY
6542 290TH ST
BRANFORD, FL 32008** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HATCH, CHUCK
PO BOX 184
BRANFORD, FL 32008** ☐ Delete

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 #