

2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 044 ****61.25

DOCUMENT # 743519

1. Entity Name

FELDA BAPTIST CHURCH, INC.



Principal Place of Business

WILLIS RANCH ROAD
P O BOX 306
FELDA FL 33930

Mailing Address

WILLIS RANCH ROAD
P O BOX 306
FELDA FL 33930

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

4. FEI Number

65-0028986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, J. DALE
1277 C.R. 830 E.
FELDA FL 33930

7. Name and Address of New Registered Agent

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

J. Dale Gallagher

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

Apr 7, 2007
DATE

FILE NOW: 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

T ☐ Delete
NAME: GALLAGHER, J DALE
STREET ADDRESS: 1277 CR 830 E
CITY- ST- ZIP: FELDA FL 33930

TP ☒ Delete
NAME: CRAWFORD, RAYMOND
STREET ADDRESS: CASE RD
CITY ST ZIP: LABELLE FL 33935

T ☐ Delete
NAME: DUPREE, HARVEY
STREET ADDRESS: 532 C R 830 A
CITY ST ZIP: FELDA FL 33930

T ☐ Delete
NAME: DUNAWAY, DONNA J
STREET ADDRESS: 2551 C R 830
CITY ST ZIP: FELDA FL 33930

T ☐ Delete
NAME: TANNER, CREOLA
STREET ADDRESS: 2655 C.R. 830
CITY ST ZIP: FELDA FL 33930

☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition
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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 Section 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:

J. Dale Gallagher J. Dale Gallagher 4-7-07 863-675-3782