

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746465

FILED
Jan 09, 2007
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF LAKE PANASOFFKEE, FLORIDA, INC.

Current Principal Place of Business:

802 HWY 470
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1495
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-1721008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, R. JON
1082 COUNTY ROAD 467
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, R. JON
Address: 1082 COUNTY ROAD 467
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: APPS, ED
Address: 1586 COUNTY ROAD 434
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: CLEGG, BILL
Address: 962 COUNTY ROAD 454
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: BELTZ, RUSSELL
Address: 897 COUNTY ROAD 454
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T () Delete
Name: REGISTER, SARAH C
Address: 749 CR 482 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, LEON
Address: P.O. BOX 1196
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D (X) Change () Addition
Name: JERNIGAN, DONALD
Address: 4878 CR 309A
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D (X) Change () Addition
Name: MIZELL, WILLIAM
Address: P.O. BOX 356
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH C. REGISTER

T

01/09/2007

Electronic Signature of Signing Officer or Director

Date