2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

DOCUMENT # 747892 1. Entity.Name FIRST BAPTIST CHURCH OF FT. MCCOY, INC.					01-16-2008 90020 027 ****70.00				
iPrincipal Place of Business III 350 INE HWY 316 IFORT MIC COY, FL 32134-0480 US		Mailing Address P.O. BOX 480 FT. MCCOY, FL 32134-0480 US		1 184(1) 188(1 818(1 81	=: (242 LB()# #\ \$ #	, miny avail 2(2); 8)2(; 4/2	eli n i de r ap i		
22. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008 Chg	-NP C	R2E037 (12/06)			
City & State		City & State		4. FEI Number 59-2125975			oplied For ot Applicable		
.Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name and Addre	se of New Regis	stered Agent		
IHESS, MARION									
14個級7 N.E. 110 CT. RD. FTI MCCOY, FL 32134			Street Addres		s (P.O. Box Number is No	ot Acceptable)	.		
				City		<u> </u>	FL Zip Code		
8. The above	a named entity submits this statement for tions of registered agent.	r the purpose of changing	its registered	office or regis	itered agent, or both, in th	e State of Florida		and accept	
(ITHE SHARE)	iidile Of registered agorii.								
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable. (N	IOTE: Registered A	gent signature requi	ired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make check payable to Added to Fees Florida Department of State			
150.	OFFICERS AND DIR		11.		ADDITIONS/CHANGES	TO OFFICERS A			
ITTRE	PD HESS, MARION	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	14887 NE 110 CT. RD.		STREET A	NDORESS					
CHY-61-ZP	FORT MC COY, FL 32134	T-1	CITY-ST	-ZIP					
ME	STD	Delete	TITLE			-	☐ Change	Addition	
NAME STREET ADDRESS	MELIN, PAUL 10700 NE 142ND PLACE.		NAME STREET	LDORESS					
CITY-ST-ZIP	FT MCCOY, FL 32134		CITY-ST	I					
ППЕ	VPD	Delete	TITLE	VI	PD		Change	Addition	
HAME	ELMER, STACY		NAME	Ge	ne Deas		t ·		
STREET ADDRESS COTY-ST-ZIP	12151 NORHEAST 135 STREET FORT MC COY, FL 32134		STREET A	UDORESS / 52	Mc Coy, FL	32/34			
TITLE	D	☐ Delete	TITLE	11.	mc coy, -	3~137	☐ Change	Addition	
HAME	COOK, BONNIE	L	NAME				L_J Undings	☐ Audition	
STREET ADDRESS CITY+ST-ZOP	11600 NE HWY 316		STREET A	NODRESS					
CITT-DI-DF	l .								
.TFF#.E	FORT MC COY, FL 32134		CITY-SI		·				
HAME	l .	☐ Dete te	CITY-SI-			-	☐ Change	Addition	
	l .	☐ Delete	CITY-SI	- ZIP			☐ Change	☐ Addition	
HAME	l .	☐ Deletic	CITY-ST TITLE NAME	-ZIP ODRESS			☐ Change	☐ Addition	
IMAME 'STREET ADDRESS 'CITY-ST-ZIP 'HTTLE	l .	☐ Deteile	CITY-SI JITLE NAME STREET A CITY-ST-	-ZIP ODRESS			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZP	l .		CITY-SI JITLE NAME STREET A CITY-SI- TITLE NAME	-ZIP MODRESS -ZIP					
I MAME 'S FREET ADDRESS 'CITY-ST-ZIP INTLE MAME	l .		CITY-SI JITLE NAME STREET A CITY-ST-	-ZIP JODRESS -ZIP DORESS					

indicated on this report or supplied with this lining does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 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: May Jew Marion Hess

1/7/08 (352)236-2543
Despire Phone #