

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 750491

1. Entity Name  
FT. GREEN BAPTIST CHURCH, INC.



Principal Place of Business

2875 BAPTIST CHURCH RD.  
BOWLING GREEN, FL 33834 US

Mailing Address

2875 BAPTIST CHURCH RD.  
BOWLING GREEN, FL 33834 US

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**



04122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2339367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SASSER, DENNIS  
4595 PRINGLE RD  
BOWLING GREEN, FL 33834

**DO NOT WRITE  
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ALBRITTON, PATRICIA  
1265 KNOLLWOOD CIRCLE  
WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
COOPER, RILLA  
3645 HENDRY RD.  
BOWLING GREEN, FL 33834

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SASSER, DENNIS  
4595 PRINGLE RD.  
BOWLING GREEN, FL 33834

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CHANCEY, LEE  
5259 OLLIE ROBERTS RD.  
BOWLING GREEN, FL 33834

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Patricia A. Albritton* Patricia A. Albritton 4/23/07 (863) 767-1228