

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 750491 1. Entity Name FT. GREEN BAPTIST CHURCH, INC.	
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Principal Place of Business 2875 BAPTIST CHURCH RD. BOWLING GREEN, FL 33834 US	Mailing Address 2875 BAPTIST CHURCH RD. BOWLING GREEN, FL 33834 US
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03172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2339367	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	

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IN THIS SPACE**

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05/14/08-80028-010-61.25

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: *Patricia A. Albritton* *Patricia A. Albritton* 4/21/08 (863) 767-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #