

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 019 ****61.25

DOCUMENT # 751311

1. Entity Name
FIRST BAPTIST CHURCH OF PUNTA GORDA, INC.



Principal Place of Business
**459 GILL STREET
PUNTA GORDA, FL 33950**

Mailing Address
**459 GILL STREET
PUNTA GORDA, FL 33950**

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

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOFF, LONNIE
5235 BLACKJACK CIR
PUNTA GORDA, FL 33982**

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

Lonnie Goff

Lonnie Goff

1-10-07

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

(NOTE: Registered Agent signature required when reappointing)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GOFF, LONNIE
STREET ADDRESS 5235 BLACKJACK CIR
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MURRAY, JOYCE
STREET ADDRESS 2601 CHAPMAN BLVD.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME HINDMAN, WILENE
STREET ADDRESS 515 W OLYMPIA AVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME *Wilena*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEES, BENNY
STREET ADDRESS 11768 DALLAS DRIVE
CITY-ST-ZIP LAKE SUZY, FL 34269

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Lonnie Goff* *Lonnie Goff*

1-10-07

941-639-3857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #