

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

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752136**

1. Entity Name

**FIRST INDEPENDENT BAPTIST CHURCH OF PONCE DE  
LEON, FLORIDA, INC.**



Principal Place of Business

**2879 HWY 81 NORTH  
PONCE DE LEON, FL 32455**

Mailing Address

**2879 HWY 81 NORTH  
PONCE DE LEON, FL 32455**

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**05-0011200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAIRD, EVERETTE L  
218 CLAY STREET  
DEFUNIAK SPRINGS, FL 32435**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000821313  
02/19/08-20019-009 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COAKER, LARRY E  
STREET ADDRESS HWY 81 SOUTH  
CITY-ST-ZIP PONCE DE LEON, FL 32455

TITLE D  
NAME SPIERS, JESSE  
STREET ADDRESS 1530 JACK BROWN DRIVEE  
CITY-ST-ZIP PONCE DE LEON, FL 32455

TITLE D  
NAME LAIRD, EVERETTE  
STREET ADDRESS 218 CLAY STREET  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D  
NAME MOSS, HILTON  
STREET ADDRESS 811 SOUTH 4TH ST  
CITY-ST-ZIP DEFUNIAK SPG, FL 32433

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

**2-6-08**

Date

**850-892-2767**

Daytime Phone #