


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90042 016 \*\*\*\*61.25

<b>DOCUMENT # 753472</b>	
1. Entity Name FAITH BAPTIST CHURCH OF PALM BAY, INC.	

Principal Place of Business 341 EMERSON DR. NW PALM BAY, FL 32907-1084	Mailing Address 341 EMERSON DR. NW PALM BAY, FL 32907-1084
--	--

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



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2032543		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLENN, FORREST 509 WESTCHESTER AVE MELBOURNE, FL 32935		7. Name and Address of New Registered Agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, VERA E. 1238 HEBERLING ST NW PALM BAY, FL 329077786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL DAY 1536 RAISVILLE ST. N.W. Palm Bay, FL 32909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR PRESIDENT CHAIRMAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, TOM 2605 FENTON CT MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY SOLID 1676 Seabury Point Rd. Palm Bay, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR/ SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKETT, THOMAS 783 BIANCA DR NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL DUQUETTE JR 681 NARRAGANSETTE NE PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR + V/PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUQUETTE, MICHAEL JR 681 NARRAGANSETTE ST NE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP SHUTES, PAUL 1015 HAPPINESS AVE SW PALM BAY, FL 32908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: VERA HALL VERA HALL 3/5/07 321-727-3593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #