


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 026 ****61.25

DOCUMENT # 755857
 1. Entity Name
FIRST BAPTIST CHURCH OF ASTOR, INC.



Principal Place of Business
 24807 ANN ST
 ASTOR, FL 32102 US

Mailing Address
 PO BOX 280
 ASTOR, FL 32102 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40080411



04122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2015407

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DANIELS, SUE
25018 LOYD ST.
ASTOR, FL 32102

7. Name and Address of New Registered Agent
 Name **HOLLAND, TERRY**
 Street Address (P.O. Box Number is Not Acceptable)
24731 ANN ST
 City **ASTOR** FL Zip Code **32102**

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 *Terry Lee Holland* **TERRY LEE HOLLAND** DATE **04/20/2007**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TR	DANIELS, SUE	25018 LOYD STREET	ASTOR, FL 32102	<input type="checkbox"/>
TR	STROUP, RALPH	24906 LOYD ST	ASTOR, FL 32102	<input type="checkbox"/>
TR	FEAGIN, JACK	24600 WILDHOG ROAD	ASTOR, FL 32102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TR	CHANDLER, TERRIE	24731 ANN ST	ASTOR, FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR	STROUP, RALPH	24731 ANN ST	ASTOR, FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR	HARPER, ROBERT	24731 ANN ST	ASTOR, FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T	HARPER, LEILANI	24731 ANN ST	ASTOR, FL 32102	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Terrie Chandler* **TERRIE CHANDLER** DATE **04/20/2007** DAYTIME PHONE # **352-759-2135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR