## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 16, 2007 8:00 am Secretary of State **DOCUMENT #757446** 02-16-2007 90024 004 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC. Principal Place of Business Mailing Address 300 NORTH CENTRAL AVENUE 300 NORTH CENTRAL AVENUE PO BOX 583 PO BOX 583 FLAGLER BCH., FL 32136 FLAGLER BCH., FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-2135261 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAMER, JACKIE M 45 BULOW WOODS CIRCLE Street Address (P.O. Box Number is Not Acceptable) FLAGLER BEACH, FL 32136 City Zip Code FL 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete ΠΠF X Addition TITLE ☐ Change SEWELL, ERROL DELORIS HALLER NAME NAME 2564 S. HIGHWAY AIA 508 S CENTRAL STREET ADDRESS STREET ADDRESS FLAGLER BEACH, FL 32136 CITY-ST-ZIP CITY-ST-7P BEACH 32136 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CRAMER, JACKIE M NAME 45 BULOW WOODS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-7IP TITLE Delete TITLE Change-Addition MUNDIS, STEW NAME NAME STREET ADDRESS 321 N 12TH ST STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CORN, IRVING NAME NAME STREET ADORESS 250 SEABREEZE DR STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP TITS F Delete TITLE ☐ Change ☐ Addition MELTON, LEONARD T NAME NAME STREET ADDRESS 310 N 5TH ST STREET ADDRESS FLAGLER BEACH, FL 32136 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition HALL, FINLEY NAME 116 LEHIGH AVE STREET ADDRESS STREET ADDRESS

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. JACKIE M. CRAMER

CITY-ST-ZIP

Camer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR m

FLAGLER BEACH, FL 32136

SIGNATURE:

FILED