


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90024 004 \*\*\*\*61.25

**DOCUMENT # 757446**

1. Entity Name  
**FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.**



Principal Place of Business  
**300 NORTH CENTRAL AVENUE  
 PO BOX 583  
 FLAGLER BCH., FL 32136**

Mailing Address  
**300 NORTH CENTRAL AVENUE  
 PO BOX 583  
 FLAGLER BCH., FL 32136**

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

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**59-2135261**

Applied For  
 Not Applicable

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

**8. Name and Address of Current Registered Agent**

**CRAMER, JACKIE M  
 45 BULOW WOODS CIRCLE  
 FLAGLER BEACH, FL 32136**

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2135261**

Applied For  
 Not Applicable

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

**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 reconstituting) 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SEWELL, ERROL	
STREET ADDRESS	508 S CENTRAL	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CRAMER, JACKIE M	
STREET ADDRESS	45 BULOW WOODS CIRCLE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNDIS, STEW	
STREET ADDRESS	321 N 12TH ST	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORN, IRVING	
STREET ADDRESS	250 SEABREEZE DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MELTON, LEONARD T	
STREET ADDRESS	310 N 5TH ST	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, FINLEY	
STREET ADDRESS	116 LEHIGH AVE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELORIS HALLER	
STREET ADDRESS	2564 S. HIGHWAY A1A	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Jackie M. Cramer **JACKIE M. CRAMER** 2/14/07 386-439-3834

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