

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90035 030 \*\*\*\*70.00

**DOCUMENT # 758739**

1. Entity Name  
**FIRST PENTECOSTAL CHURCH OF INGLIS, INC.**



Principal Place of Business  
**220 HIGHWAY 40  
INGLIS, FL 34449 US**

Mailing Address  
**PO BOX 6064  
OCALA, FL 34478 US**

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

04262008 Chg-NP

CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRYSDALE, ROSS  
845 S. RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DRYSDALE, ROSS REV**  
STREET ADDRESS **517 NE 9TH STREET #43**  
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete  
NAME **BALLARD, LANE**  
STREET ADDRESS **19741 SE 58TH AVE**  
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **D** ☒ Delete  
NAME **GRUBBS, CHARLES F**  
STREET ADDRESS **19671 SE 196 ST**  
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **D** ☐ Delete  
NAME **WATSON, RAYMOND**  
STREET ADDRESS **6344 N JASPER TERRACE**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **T** ☒ Delete  
NAME **GIUNTA, LINDA**  
STREET ADDRESS **20033 SE 111TH AVE**  
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **D** ☐ Delete  
NAME **BAUKRIGHT, GENOA L**  
STREET ADDRESS **220 HWY 40**  
CITY-ST-ZIP **INGLIS, FL 34449**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **845 S. RIDGEWOOD AVE**  
STREET ADDRESS **DAYTONA BEACH, FL 32114**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **LINDA GIUNTA**  
CITY-ST-ZIP **150 ALLEN AVE**  
**INGLIS, FL 34449**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **Joseph Clement**  
CITY-ST-ZIP **85 GRASS ST**  
**HOMOSASSA, FL 34446**

TITLE ☐ Change ☐ 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: Ross Drysdale **ROSS DRYSDALE** **4-29-08** **352-302-8623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #