


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90029 011 \*\*\*\*61.25

<b>DOCUMENT # 759369</b>	
1. Entity Name <b>FIRST BAPTIST CHURCH OF EASTPOINT, INC.</b>	

Principal Place of Business <b>PO BOX 611 EASTPOINT FL 32328</b>	Mailing Address <b>PO BOX 611 EASTPOINT FL 32328</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>447 Ave A</b>	3. Mailing Address
Suite, Apt. #, etc. <b>EASTPOINT, FL</b>	Suite, Apt. #, etc.
City & State <b>32328</b>	City & State
Zip <b>32328</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent <b>CARROLL, EVELYN L 447 AVE A EASTPOINT FL 32328</b>	
--	--

4. FEI Number <b>59-2900266</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 <u>Charlie Crosby</u> DATE <u>3/15/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, BILLY 106 WHISPERING PINES DR EASTPOINT FL 32328 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EDNA 26 BRIAN ST EASTPOINT FL 32328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MAX 218 BOBBY CATO ST APALACHICOLA FL 32320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, FRANKIE 46 BRIAN ST EASTPOINT FL 32328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, CHARLIE 102 WHISPERING PINES DR EASTPOINT FL 32328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, LEROY PO BOX 657 EASTPOINT FL 32328 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charlie Crosby