2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State
02-26-2008 90004 038 ****61.25

DOCUMENT # 759369

1. Entity Name
FIRST BAPTIST CHURCH OF EASTPOINT, INC.

66003255

Principal Place of Business	Mailing Address
447 AVE A EASTPOINT, FL 32328	PO BOX 611 EASTPOINT, FL 32328

01082008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2900266 ☐ 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
CARROLL, EVELYN L ~~447 AVE A~~ 275 Hwy 98 EASTPOINT, FL 32328	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 Evelyn L Carroll Evelyn L. Carroll Treasurer 2-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, EDNA 26 BRIAN ST EASTPOINT, FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Doris Pendleton 1199 Bluff Rd Apalachicola, FL 32320 Director Title
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MAX 218 BOBBY CATO ST APALACHICOLA, FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ralph Crosby 299 Tallahassee St. Eastpoint, FL 32328 Director title
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, FRANKIE 46 BRIAN ST EASTPOINT, FL 32328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, CHARLIE 102 WHISPERING PINES DR EASTPOINT, FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Charlie Crosby Charlie Crosby 2-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #