

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

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762311**

1. Entity Name  
**FIRST BAPTIST CHURCH OF TRENTON, INC.**



Principal Place of Business  
**HWY. 26 AT N.E. 2ND ST.  
TRENTON, FL 32693**

Mailing Address  
**PO BOX 293  
TRENTON, FL 32693**



03262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1437448**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**BUSH, WILBUR C.  
402 S.W. 5TH AVE.  
TRENTON, FL 32693**

**DO NOT WRITE  
IN THIS SPACE**

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)

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRADLEY, CLIFTON HWY 26 WEST TRENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCOTT, LOIS SO OF HWY 26 TRENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSH, WILBUR C. 402 S.W. 5TH AVENUE TRENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARK, WILLIAM 2609 SW CR 307-A TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FATE, SEAY 6530 SW 70TH ST TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000718257

05/01/07-80015-006 61.25

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # \_\_\_\_\_