

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763023

FILED
Apr 26, 2007
Secretary of State

Entity Name: FIRST BAPTIST CHURCH, LYNN HAVEN, FLORIDA

Current Principal Place of Business:

1005 OHIO AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1005 OHIO AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-0908712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, HAROLD
1011 IOWA AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KIRKLAND, MARLON
Address: 9129 N. MCCANN ROAD
City-St-Zip: PANAMA CITY, FL 32409

Title: T () Delete
Name: JOHNSON, MONTEL
Address: 116 CAROLINA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: PETERSON, HELEN
Address: 3919 PETERSON LANE
City-St-Zip: SOUTHPORT, FL 32409

Title: T () Delete
Name: GRAY, WILLIAM (BILL)
Address: 1220 PENNSYLVANIA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: HOLCOMBE, SUE
Address: 1900 VERMONT AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: OWENS, DONNIE
Address: 1216 HUNTINGTON RIDGE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HOLCOMBE, SUE
Address: 1900 VERMONT AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change () Addition
Name: MCDONALD, LUTHER W
Address: 903 WYOMING AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change () Addition
Name: NUNN, SCOTT
Address: 305 NEW YORK AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change () Addition
Name: ARGENBRIGHT, BUTCH
Address: 1015 VIRGINIA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change () Addition
Name: COULLIETTE, BETH
Address: 1100 EAST 26TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE HOLCOMBE

T

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date