

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766215

FILED  
Jul 25, 2008  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH, OF ST. GEORGE ISLAND, FLORIDA, INC.

**Current Principal Place of Business:**

501 E BAYSHORE DR  
ST GEORGE ISLAND, FL 32328 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 E BAYSHORE DR  
ST GEORGE ISLAND, FL 32328 US

**New Mailing Address:**

**FEI Number:** 59-2349660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ARMISTED, WALTER  
224 FRANKLIN BLVD  
ST GEORGE ISLAND, FL 32328 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: PD ( ) Delete  
Name: ARMISTED, WALTER  
Address: 224 FRANKLIN BLVD  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: D ( ) Delete  
Name: ARMISTED, JOLENE  
Address: 224 FRANKLIN BLVD  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: T ( ) Delete  
Name: MOSELEY, ELIZABETH  
Address: 120 OLD FERRY DOCK ROAD  
City-St-Zip: EASTPOINT, FL 32328

Title: S ( ) Delete  
Name: CAMPBELL, FRANCES  
Address: 128 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: VD ( ) Delete  
Name: GUNN, OLLIE  
Address: 1003 BLUFF ROAD  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: BEAN, MARILYN  
Address: 763 E GORRIE DR  
City-St-Zip: ST GEORGE ISLAND, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: ELIZABETH MOSELEY

TRES

07/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date