

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

FILED
Feb 06, 2007 08:00 A
Secretary of State

DOCUMENT # 767743

1. Entity Name
BIBLE BAPTIST CHURCH OF FREEPORT, FLORIDA, INC.



Principal Place of Business
**15139 US HWY 331S
FREEPORT, FL 32439 US**

Mailing Address
**P.O. BOX 626
FREEPORT, FL 32439 US**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2308526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROESCH, JAMES
132 ROMANS RD
DEFUNIAK SPRINGS, FL 32433**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000625297
02/14/07-80069-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JOSELYN, CLAUDE
1023 CASWELL ROAD
DEFUNIAK SPRINGS, FL 32433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROESCH, BEVERLY J
132 ROMAN RD
DEFUNIAK SPRINGS, FL 32433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROESCH, JAMES
132 ROMANS ROAD
DEFUNIAK SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

2/5/07 850-419-1655
Date Daytime Phone #