

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768715**

1. Entity Name  
**FIRST THONOTOSASSA MISSIONARY BAPTIST  
CHURCH INC.**



Principal Place of Business  
**10650 MCINTOSH ROAD  
THONOTOSASSA, FL 33592**

Mailing Address  
**10650 MCINTOSH ROAD  
THONOTOSASSA, FL 33592**



01122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2683518**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**BURRUS, THOMAS E II  
4709 CHARRO LANE  
PLANT CITY, FL 33565**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000799425  
01/30/08-80068-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
BURRUS, THOMAS E II  
4709 CHARRO LANE  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BLOCKER, JAMES  
8010 FRANKLIN RD  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
DIXSON, JOHN  
1202 BRANCH ACRES DR.  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
FOWLER, RODNEY  
1304 MCGEE RD  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
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

Date

Daytime Phone #

*Thomas E. Burrus, II* **Thomas E. Burrus, II** 1/13/08 813 986 3812