

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 770049

1. Entity Name

FIRST BAPTIST CHURCH OF PARKER, INC.



Principal Place of Business

4630 E. HWY 98
P. O. BOX 10301
PARKER FL 32404

Mailing Address

4630 E. HWY 98
P. O. BOX 10301
PARKER FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6020347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECKER, ROBERT M
255 ARLINGTON DRIVE
PANAMA CITY FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert M. Ecker

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ECKER, ROBERT M | |
| STREET ADDRESS | 1012 W. PARK | |
| CITY- ST- ZIP | PANAMA CITY FL 32404 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHORES, JAMES D. | |
| STREET ADDRESS | 648 N. 9TH PLAZA | |
| CITY- ST- ZIP | PARKER, FL 32404 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | GOREY, WILLIAM N. | |
| STREET ADDRESS | 42 WOOD AVE | |
| CITY- ST- ZIP | PARKER, FL 32404 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | WOOD, FRED | |
| STREET ADDRESS | 108 N ROWE AVE | |
| CITY- ST- ZIP | PANAMA CTY, FL 32401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUGGS, CHESTER M | |
| STREET ADDRESS | 4808 4TH STREET | |
| CITY- ST- ZIP | PANAMA CITY FL 32404 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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02/12/05-80007-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert M. Ecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #