

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

FILED
Feb 08, 2008 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**



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6020347	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRIGHT, FRANK
4825 MEADOW ST
PARKER, FL 32404**

**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)

02-06-08

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

000000821456
02/19/08-20025-007 70.00

10. OFFICERS AND DIRECTORS

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

02-06-08

DATE

850-871-5841

DAYTIME PHONE #