


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90061 018 ****61.25

DOCUMENT # 770371

1. Entity Name
FIRST BAPTIST CHURCH OF WAHOO, INC.



Principal Place of Business Mailing Address
4517 CR 319 **4517 CR 319**
BUSHNELL, FL 33513 US **BUSHNELL, FL 33513 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03312007 Chg-NP CR2E037 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MERRITT, ROBERT EUGENE
4222 N CR 475
P. O. BOX 483
BUSHNELL, FL 33513

7. Name and Address of New Registered Agent

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 E. Merritt* 4-3-07
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, 2007

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	PD	<input type="checkbox"/> Delete
NAME	LOVETT, MIKE	
STREET ADDRESS	2747 CR 615	
CITY-ST-ZIP	BUSHNELL, FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	LOVETT, ALICE	
STREET ADDRESS	HWY 48 W PO BOX 211	
CITY-ST-ZIP	BUSHNELL, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIETZ, JUD	
STREET ADDRESS	5954 SE 7TH WAY PO BOX 1601	
CITY-ST-ZIP	BUSHNELL, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, KATHERINE	
STREET ADDRESS	7134 ER 328	
CITY-ST-ZIP	BUSHWELL, FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	T	
STREET ADDRESS	MERRITT, JOAN	
CITY-ST-ZIP	4222 N CR 475 PO BOX 483 BUSHNELL, FL 33513	
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		

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: *Joan Merritt* 4-3-07 352-793-4143
Signature and typed or printed name of signing officer or director Date Daytime Phone #

JOAN MERRITT