


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State


DOCUMENT # 770371

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



Principal Place of Business 4517 CR 319 BUSHNELL, FL 33513 US	Mailing Address 4517 CR 319 BUSHNELL, FL 33513 US
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03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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 Eugene Merritt*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, MIKE 2747 CR 615 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LOVETT, ALICE HWY 48 W PO BOX 211 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETZ, JUD 5954 SE 7TH WAY PO BOX 1601 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERRITT, JOAN 4222 N CR 475, P.O. BOX 483 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/08-80043-023 61.25

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/2/08* Daytime Phone #: *352-793-6015*