


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 771024 1. Entity Name FIRST BAPTIST CHURCH OF COLLIER CITY, INC.	
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Principal Place of Business 2651 N.W. 2 STREET POMPANO BEACH FL 33069	Mailing Address 2651 N.W. 2 STREET POMPANO BEACH FL 33069
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 41-8469972	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 WALLACE, WILLARD 2651 N W 2ND ST POMPANO BEACH FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title (appropriate). (NOTE: Registered Agent signature required when re-appointing)

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JACKSON, CHARLIE J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2651 NW 2ND STREET	NAME	
STREET ADDRESS	POMPANO BEACH FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D WALLACE, WILLARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2651 NW 2ND STREET	NAME	000000811585 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POMPANO BEACH FL	STREET ADDRESS	02/12/08-80012-023 61.25
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	TD HOWELL, MELVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2651 NW 21ST	NAME	
STREET ADDRESS	POMPANO BEACH FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D ALLEN, JETHRO JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2651 NW 21ST	NAME	
STREET ADDRESS	POMPANO BEACH FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Willard P. Wallace / Willard P. WALLACE 1-29-08*