

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 043 \*\*\*\*61.25

**DOCUMENT # F04000000197**

1. Entity Name  
**THE BAPTIST FOUNDATION OF ALABAMA  
INCORPORATED**



Principal Place of Business  
**7650 HALCYON SUMMIT DRIVE  
MONTGOMERY, AL 36117**

Mailing Address  
**P.O. BOX 241227  
MONTGOMERY, AL 36124**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0519158</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCLELLAND, EDDIE L  
1320 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207-8621**

**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)

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BLEDSE, BARRY 7132 PINECREST MONTGOMERY, AL 36117
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DRIGGERS, JAMES R 1079 FAWNVIEW RD. MONTGOMERY, AL 36117
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCO OGBURN, JENNIFER H 250 CULPEPPER ROAD ECLECTIC, AL 36024
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTO SMITH, <del>PAUL</del> PAULA K. 30 JASMINE HOLLOW ROAD WETUMPKA, AL 36093
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RANDALL, J. THOMAS 822 BRIDLEWAY CT. PIKE ROAD, AL 36064
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KING, GEORGE B 202 WINCHESER WAY PRATTVILLE, AL 36067
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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

**1-8-07**

Date

**334-394-2006**

Daytime Phone #