



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90013 050 ****61.25

DOCUMENT # N00000001455 1. Entity Name BIBLE BAPTIST CHURCH, INC. OF PALM COAST, FLORIDA					
Principal Place of Business 150 SAWGRASS ROAD BUNNELL, FL				Mailing Address P O BOX 350986 PALM COAST, FL 32135-0986	
2. Principal Place of Business - No P.O. Box # <i>Belle Terre Elementary School</i> Suite, Apt. #, etc. <i>5545 Belle Terre Parkway</i> City & State <i>Palm Coast, Florida</i> Zip <i>32137</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3441526				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, ALVIN D 8 SELENE PLACE PALM COURT, FL 32164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Rev. Alvin D. Jacobs - Rev. Alvin D. Jacobs, Pastor</i> <i>3/14/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, ALVIN D 150 SAWGRASS ROAD BUNNELL, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNEKE, RICHARD 175 UNDERWOOD TRAIL PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATLIFF, GOBEL 150 SAWGRASS ROAD BUNNELL, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINKERT, ELIZABETH 150 SAWGRASS ROAD BUNNELL, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAITECH, BRADLEY J 24 EASTMOOD LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNEKE, CAROL 175 UNDERWOOD TRAIL PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>8 SELENE PLACE PALM COAST, FL. 32164</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>COONS, FRANK 5 KAFFIR Lily Place PALM COAST, FLORIDA 32164</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>106 BRITANNY LANE PALM COAST, FL. 32137</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAITECH, BRADLEY J 24 EASTMOOD LANE PALM COAST, FL 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNEKE, CAROL 175 UNDERWOOD TRAIL PALM COAST, FL 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Rev. Alvin D. Jacobs - Rev. Alvin D. Jacobs, Pastor</i> <i>3/14/07</i> <i>886-437-2783</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					