


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90321 047 ****61.25

DOCUMENT # N00013		
1. Entity Name FIRST BAPTIST CHURCH OF WEEKI WACHEE ACRES, INC.		

Principal Place of Business 8092 TOUCAN TRAIL SPRING HILL, FL 34606	Mailing Address 8092 TOUCAN TRAIL SPRING HILL, FL 34606
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40063509



04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2024215	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 MULDOON, ROBERT 5412 KNOCKLYN RD SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name: <u>Clay Kirk</u> Street Address (P.O. Box Number is Not Acceptable): <u>8057 Fairlane</u> <u>Brooksville, FL 34613</u> City: <u>FL</u> Zip Code: <u>34613</u>	
---	--	---	--

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: CLAY C. KIRK Clay C. Kirk 4/11/07
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. <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	TD EARLE, WILLIAM 3270 SEAVIEW DR SPRING HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORANGE, WANDA 6488 SEALAWN DR SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Sievers 3368 Susan Dr, Spring Hill, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRENTZ, SUSAN 7453 HOLIDAY DR SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, CLAY 8057 FAIRLANE BROOKVILLE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEN, HELEN 11085 UPTON ST. SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Clay C. Kirk 4/11/07 352-597-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #