


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005573 1. Entity Name FAITH BAPTIST CHURCH OF INTERLACHEN, INC.	
--	---

Principal Place of Business 512 EAST TREMONT ST. INTERLACHEN, FL 32148	Mailing Address P.O BOX 326 INTERLACHEN, FL 32148
--	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2515216	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 SPEICHER, MELVIN D 512 EAST TREMONT ST. INTERLACHEN, FL 32148

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	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	000000823203 02/20/08 00028 011 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEICHER, MELVIN D 183 CHARITY LANE INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAME, BOBBY 105 WARF TRAIL HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFIRIRA, ROGER 105 SALEM INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAME, JACK 103 WARF TRAIL HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Melvin D. Speicher</u> <u>Melvin D. Speicher</u> <u>2/7/08</u> <u>(386) 684-6299</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
