

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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N01349 1. Entity Name BAKER CHURCH OF CHRIST, INC.	
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Principal Place of Business % GLENN HOWZE PO BOX 285 HWY #4 BAKER, FL 32531	Mailing Address % GLENN HOWZE PO BOX 285 HWY #4 BAKER, FL 32531
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3018522	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWZE, GLENN P
5819 JACK STAKES RD.
BAKER, FL 32531

**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 _____ (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	U000000510988 02/02/07-80043-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWZE, DAVID 6156 HOLLOWAY RD BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DERRICK, L. WILFRED 4686 MIDDLEBROOKS RD HOLT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWZE, LYNN H. 5409 HWY 4 BAKER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *L. Wilfred Derrick* **1-25-07 850-537-6421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #