

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

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000125

1. Entity Name

FIRST BAPTIST CHURCH OF BRISTOL, INC.



Principal Place of Business

POST OFFICE BOX 416
BRISTOL, FL 32321

Mailing Address

POST OFFICE BOX 416
BRISTOL, FL 32321



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2791227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REVELL, GORDON P DEACON
10762 NW ROBYN ST.
BRISTOL, FL 32321

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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

000000589370
01/18/07-80013-021 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME REVELL, GORDON P MR.
STREET ADDRESS 10762 NW ROBYN ST.
CITY-ST-ZIP BRISTOL, FL 32321

TITLE D
NAME REVELL, SILAS G MR.
STREET ADDRESS POST OFFICE BOX 574
CITY-ST-ZIP BRISTOL, FL 32321

TITLE D
NAME BRACEWELL, JEROME MR.
STREET ADDRESS POST OFFICE BOX 141
CITY-ST-ZIP BRISTOL, FL 32321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gordon P. Revell Gordon P. Revell 1-16-07 850-643-8825