

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

**FILED**  
**Jan 10, 2008 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**



01072008 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**

**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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000778975  
01/11/08-80020-001 61.25

**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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-08**

Date

**850-643-5400**

Daytime Phone #