


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003427</b>	
1. Entity Name <b>BIBLE BAPTIST CHURCH OF CALLAHAN, FLORIDA, INC.</b>	

Principal Place of Business <b>45221 MUSSLEWHITE R CALLAHAN, FL 32011</b>	Mailing Address <b>45221 MUSSLEWHITE RD CALLAHAN, FL 32011</b>
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1883953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TAYLOR, MICHAEL REV  
45221 MUSSELWHITE RD  
CALLAHAN, FL 32011**

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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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, MICHAEL 76 BUCKHORN RD FOLKSTON, GA 31537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, V L 4901 SAULS RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENSA, ROBERT PO BOX 1035 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80015-023 70.00

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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:** Robert Pensa **ROBERT PENSA** 2/11/07 (904) 845-2895

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