

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003427

1. Entity Name
BIBLE BAPTIST CHURCH OF CALLAHAN, FLORIDA, INC.



Principal Place of Business
**45221 MUSSLEWHITE R
CALLAHAN, FL 32011**

Mailing Address
**45221 MUSSLEWHITE RD
CALLAHAN, FL 32011**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1883953

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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
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 32048**

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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02/21/08-80080-004 70.00

**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:

Robert Pensa

ROBERT PENSA

2/3/08

(904) 845-2895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #