

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90038 008 \*\*\*\*61.25

**DOCUMENT # N02000006247**

1. Entity Name

FIRST BAPTIST CHURCH OF WABASSO, INC.



Principal Place of Business

4720 86TH ST  
WABASSO FL 32970

Mailing Address

P O BOX 700246  
WABASSO FL 32970

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1917617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHYNE, LINDA  
1187 COVERBROOK LN  
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete

NAME  
RHYNE, LINDA  
STREET ADDRESS  
1187 COVERBROOK LN  
CITY ST ZIP  
SEBASTIAN FL 32958

T ☐ Delete

NAME  
RICE, CLIFFORD  
STREET ADDRESS  
3745 47TH STREET  
CITY ST ZIP  
SEBASTIAN FL 32958

T ☐ Delete

NAME  
JOHNSON, GRACE  
STREET ADDRESS  
6436 48TH AVE.  
CITY ST ZIP  
VERO BEACH FL 32967

T ☐ Delete

NAME  
STREET ADDRESS  
CITY ST ZIP

T ☐ Delete

NAME  
STREET ADDRESS  
CITY ST ZIP

T ☐ Delete

NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY ST ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY ST ZIP

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NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Linda Rhyme* LINDA RHYNE

1-22-07 772-589-5256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #