

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007161

FILED
Jan 31, 2008
Secretary of State

Entity Name: FIRST BAPTIST COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

105 GULF BEACH HIGHWAY
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

105 GULF BEACH HIGHWAY
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 55-0798731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, DAVID
105 GULF BEACH HIGHWAY
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT, DAVID
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: SD () Delete
Name: JACKSON, ALBERT
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: TD () Delete
Name: HOLLINS, WILLIE
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: DM () Delete
Name: ABNEY, MICHAEL F
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: DM () Delete
Name: DIANNA, MCCREARY
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: TR () Delete
Name: YOUNG, ROBERT
Address: 105 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KNIGHT OFFICER

PD

01/31/2008

Electronic Signature of Signing Officer or Director

Date