

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

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90007 036 \*\*\*\*61.25

**DOCUMENT # N02154**

1. Entity Name

FIRST BAPTIST CHURCH OF LLOYD, INC.



Principal Place of Business

P.O. BOX 335  
LLOYD FL 32337

Mailing Address

P.O. BOX 335  
LLOYD FL 32337

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1978208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, GREGORY  
1822 BARRINGTON RD.  
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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

TITLE SD ☐ Delete  
NAME MCBRIDE, SUE  
STREET ADDRESS 2121 FARMS RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ Delete  
NAME EDWARDS, WALTER  
STREET ADDRESS P.O. BOX 8, NA  
CITY-ST-ZIP LLOYD FL

TITLE D ☐ Delete  
NAME CLAYTON, GREGORY  
STREET ADDRESS 1822 BARRINGTON RD.  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE TD ☒ Delete  
NAME POSTON, ROBERT  
STREET ADDRESS 17024 SUNRAY RD  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE D ☒ Delete  
NAME HATFIELD, BILLY  
STREET ADDRESS 709 WHIPPOORWILL RD  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Hatfield, Paulette  
STREET ADDRESS 709 Whippoorwill Rd  
CITY-ST-ZIP Monticello FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Gregory Clayton*

2-18-07

850-992-0117