

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 013 ****70.00

DOCUMENT # N03000001833

1. Entity Name
FIRST BAPTIST CHURCH OF CHASSAHOWITZKA, INC.



Principal Place of Business
**10002 S RIVIERA PT
HOMOSASSA, FL 34448**

Mailing Address
**10002 S RIVIERA PT
HOMOSASSA, FL 34448**

00011404



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

02202007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1956709

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BOWMAN, GREGORY
7806 W DEBRA LN
HOMOSASSA, FL 34448** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FLEMING, ORVILLE
10209 S. RIVIERA DR.
HOMOSASSA, FL 34448** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PELT, GENE
8440 W HERON CT
HOMOSASSA, FL 34448** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BOWMAN, GREGORY
7806 W DEBRA LN
HOMOSASSA, FL 34448** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PENROSE, JANET
22 EUPHORBIA CT
HOMOSASSA, FL 34448** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PELT, MARY
8440 W HERON CT
HOMOSASSA, FL 34448** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
? ☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
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CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

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

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: *Mary Pellet* **Treasurer**

2-20-07 352-382-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #