


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90065 049 \*\*\*\*61.25

<b>DOCUMENT #</b> N03000007270	
1. Entity Name <b>Faith Baptist Church, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

✓ 66011934

2. Principal Place of Business <b>2165 NE 184th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2165 N.E. 184th Street</b> Suite, Apt. #, etc.	
City & State <b>Citra, Florida</b>		City & State <b>Citra, Florida</b>	
Zip <b>32113</b>	Country <b>Marion</b>	Zip <b>32113</b>	Country <b>Marion</b>

CR2E037B (8/05)

4. FEI N <b>74-3102314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Edward L. Bagley</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2165 N.E. 184th St</b>	
	City <b>Citra,</b>	FL Zip Code <b>32113</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Owens, Eugene 2165 NE 184 St. Citra, Fl. 32113</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Owens, Sharon 2165 NE.184th St.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD, S Bagley, Edward L. 2165 N.E. 184th St. Citra Fl 32113</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Hull Melvin 2165 N.E. 184th St. Citra Fl. 32113</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edward L. Bagley *Edward L. Bagley* 4-5-2007 352-595-8914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #