


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008215
 1. Entity Name
FIRST BAPTIST CHURCH OF BASCOM, FLORIDA, INC.



Principal Place of Business
**4951 BASSWOOD RD
 BASCOM, FL 32423**

Mailing Address
**P.O. BOX 7
 BASCOM, FL**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1853951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**BONDURANT, FRANK E
 4450 LAFAYETTE ST
 MARIANNA, FL**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000589197
 01/18/07-80005-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES, BILLY 5040 OAK DR BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOUTHWELL, BRYANT 4862 GEORGIA RD BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRYAN, DOUG 5661 HUMMINGBIRD RD BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Doug Bryan **DOUG BRYAN** 1/12/07 850-526-4331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #