

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

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 029 ****61.25

DOCUMENT # N03706

1. Entity Name

FIRST BAPTIST CHURCH OF SUMTERVILLE, INC.



Principal Place of Business

Mailing Address

CR 535 & US HWY 301
PO BOX 128
SUMTERVILLE FL 33585
US

CR 535 & US HWY 301
PO BOX 128
SUMTERVILLE FL 33585

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

59-2232735

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

MYLES, JOYCE
2973 CR 543
SUMTERVILLE FL 33585

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	S	<input type="checkbox"/> Delete
NAME	SMITH, INEZ	
STREET ADDRESS	2522 CR 518	
CITY-STATE-ZIP	SUMTERVILLE FL 33585	
TITLE	BURGESS, JAMES	<input checked="" type="checkbox"/> Delete
NAME	919 CR 539A	
STREET ADDRESS	SUMTERVILLE FL 33585	
CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> Delete
NAME	MYLES, JOYCE	
STREET ADDRESS	2973 CR 543	
CITY-STATE-ZIP	SUMTERVILLE FL 33585	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM H	
STREET ADDRESS	CR 520	
CITY-STATE-ZIP	SUMTERVILLE FL 33585	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	HEZLEP, JOHN	
STREET ADDRESS	CR 520	
CITY-STATE-ZIP	SUMTERVILLE FL 33585	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby Bradley	
STREET ADDRESS	2585 CR 520	
CITY-STATE-ZIP	SUMTERVILLE, FLA 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE MERCER	
STREET ADDRESS	1319 CR 604 BUSHNELL FL	
CITY-STATE-ZIP	33513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Joyce A. Myles Joyce A. Myles, Treas 2/9/07 352-793-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #