

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 017 ****61.25

DOCUMENT # N03851

1. Entity Name
FORT SMITH BOULEVARD BAPTIST CHURCH, INC.



Principal Place of Business
229 FORT SMITH BLVD
DELTONA, FL 32738

Mailing Address
229 FORT SMITH BLVD
DELTONA, FL 32738



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2925824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZINNAMOSCA, BRIAN A
1000 EAST FIRST STREET
SANFORD, FL 32771

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZINNAMOSCA, BRIAN A
STREET ADDRESS 1000 E. FIRST ST
CITY-ST-ZIP SANFORD, FL 327711441

TITLE PD
NAME BENSON, MARK
STREET ADDRESS 679 KILLIAN CIRCLE
CITY-ST-ZIP DELTONA, FL

TITLE T
NAME FRAZIER, JONATHAN
STREET ADDRESS 1000 E. FIRST ST
CITY-ST-ZIP SANFORD, FL 327711441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Benson 2/10/08 3868604445