

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

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N03855

1. Entity Name

FIRST MISSIONARY BAPTIST CHURCH OF MASCOTTE, INC.



Principal Place of Business

128 E MYERS BLVD
MASCOTTE FL 34753

Mailing Address

WEST HWY. 50
P.O. BOX 667
MASCOTTE FL 34753

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

4. FEI Number

59-2769750

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

LAMAR STORY
4047 SR 50
WEBSTER FL 33597

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 PD ☐ Delete
NAME MUNSON, ALFRED
STREET ADDRESS 3799 SR 50
CITY-STATE-ZIP WEBSTER FL

TITLE T ☐ Delete
NAME STORY, LAMARR
STREET ADDRESS 4047 SR 50
CITY-STATE-ZIP WEBSTER FL 33597

TITLE TD ☐ Delete
NAME SPENCER, JOE
STREET ADDRESS P.O. BOX 605
CITY-STATE-ZIP MASCOTTE FL 34753

TITLE MD ☐ Delete
NAME SAMPSON, CLYDE
STREET ADDRESS 519 PEARL ST.
CITY-STATE-ZIP MASCOTTE FL 34753

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000000659763
03/16/07-80044-007-01-25 ☐ Addition

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

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

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

TITLE ☐ Change ☐ 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: *Lamar Story Treng*

3-5-07

352 303 4954