

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000000494**

1. Entity Name  
**MIDWAY BAPTIST CHURCH OF MAYO, FLORIDA, INC.**



Principal Place of Business

**3407 SE CR 405  
MAYO, FL 32066**

Mailing Address

**P O BOX 438  
MAYO, FL 32066**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**58-2679967**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THOMAS, CHARLES K  
1100 SE KOMONDOR RD  
BRANFORD, FL 32008**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMAS, CHARLES K  
1100 SE KOMONDOR RD  
BRANFORD, FL 32008**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAWKINS, CHRISTOPHER  
1823 SE CR 405  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WIMBERLY, DARREN  
SW WIMBERLY CIR  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPIKES, SHON V  
714 SE GOBBLER RD  
BRANFORD, FL 32008**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REVELS, JAMES D  
697 SE WIMBERLEY CR  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WIMBERLEY, G CHRISTINA  
593 SF WIMBERLY CIR  
MAYO, FL 32066**

U00000595383  
01/23/07-80037-014 61.25

**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

**1-18-07**

Date

**386-935-1866**

Daytime Phone #