

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000005891**

1. Entity Name  
**DELLWOOD BAPTIST CHURCH OF DELLWOOD,  
FLORIDA, INC.**



Principal Place of Business  
**6512 BLUE SPRINGS ROAD  
GREENWOOD, FL 32443**

Mailing Address  
**6512 BLUE SPRINGS ROAD  
GREENWOOD, FL 32443**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2402182**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**BASFORD, ALVINA  
6462 BLUE SPRINGS ROAD  
GREENWOOD, FL 32443**

**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 *Alvina H. Basford*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-8-07

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME FOLSOM, JIMMY D  
STREET ADDRESS 2812 STEPHENS ROAD  
CITY-ST-ZIP GRAND RIDGE, FL 32442

TITLE D  
NAME CARNLEY, WINFRED  
STREET ADDRESS POST OFFICE BOX 443  
CITY-ST-ZIP GREENWOOD, FL 32443

TITLE D  
NAME BASFORD, LELAND  
STREET ADDRESS 6181 OLD SPANISH TRAIL  
CITY-ST-ZIP MARIANNA, FL 32448

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000636507  
02/26/07-80022-008 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-07 850 592-2171  
Date Daytime Phone #