


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 021 ****61.25

DOCUMENT # N04000009338

1. Entity Name
FIRST BAPTIST CHURCH OF LAUREL HILL, INC.



Principal Place of Business
 3972 SECOND AVE
 LAUREL HILL, FL 32567

Mailing Address
 PO BOX 117
 LAUREL HILL, FL 32567

40009500



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2348176

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, DAVID
 3263 WALKER ROAD
 LAUREL HILL, FL 32567

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008.

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	T	<input type="checkbox"/> Delete
NAME	JACKSON, DAVID	
STREET ADDRESS	3263 WALKER RD	
CITY-ST-ZIP	LAUREL HILL, FL 32567	
TITLE	T	<input type="checkbox"/> Delete
NAME	JERNIGAN, EARL	
STREET ADDRESS	7309 STEEL MILL CREEK RD	
CITY-ST-ZIP	LAUREL HILL, FL 32567	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAMBLES, DENNIS O	
STREET ADDRESS	8923 HWY 85 N.	
CITY-ST-ZIP	LAUREL HILL, FL 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE DENNIS O	
STREET ADDRESS	8923 HWY 85 N.	
CITY-ST-ZIP	LAUREL HILL FLA. 32567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wan Wach*

6 Jan 08

850-962-5148