

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010997

1. Entity Name
FIRST BAPTIST CHURCH OF ESTO, INC.



Principal Place of Business
1050 N HWY 79
BONIFAY, FL 32425

Mailing Address
P O BOX 5111
BONIFAY, FL 32425



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3104965	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEGUE, RYAN
3442 SPRING VALLEY LANE
BONIFAY, FL 32425

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 _____ 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000589353
 01/18/07-80013-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CULBRETH, NEIL 701 SPRUCE RD GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ELMORE, JEFF 1737 HWY 173 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KIRKLAND, FRANCES P O BOX 5103 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCGOWAN, LOUISE P O BOX 5101 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NEWMAN, JERRY 1358 GAVIN RD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT WATKINS, JOAN P O BOX 234 GRACEVILLE, FL 32440

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: *Joan Watkins Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07
Date

850-263-3350
Daytime Phone #

Joan Watkins