

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 032 ****61.25

DOCUMENT # N05000005659

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



Principal Place of Business
**2405 E HWY 2
CAMPBELLTON, FL 32426**

Mailing Address
**2405 E HWY 2
CAMPBELLTON, FL 32426**

40044463



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PUMPHREY, LUTHER
2405 E HWY 2
CAMPBELLTON, FL 32426**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TOOLE, CLEATUS
5385 COTTON ST
GRACEVILLE, FL 32440** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TOOLE, RUTH
5385 COTTON ST
GRACEVILLE, FL 32440** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TV
NORSWORTHY, L.G.
2356 HWY 2 BOX 84
CAMPBELLTON, FL 32426** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V-ONLY
NORSWORTHY, L.G.
2356 HWY 2, BOX 84
CAMPBELLTON, FL 32426** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLLIG, RACHEL
2388 HWY 2
CAMPBELLTON, FL 32426** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PUMPHREY, LUTHER
2946 MADISON ST
MARIANNA, FL 32446** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HARDY, MAVIS
5254 HWY 231
CAMPBELLTON, FL 32426** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOE FOY
5681 ELLAVILLE RD
CAMPBELLTON, FL 32426** ☐ Change ☒ Addition

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: *Mavis T. Hardy* **ST MAVIS T. HARDY** 3-26-07 (850) 263-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #