

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 042 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUMPHREY, LUTHER 2405 E HWY 2 CAMPBELLTON, FL 32426				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 _____ 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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOOLE, RUTH 5385 COTTON ST GRACEVILLE, FL 32440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, DORIS ☒ Change ☒ Addition 2375 HWY 2 - PO Box 157 CAMPBELLTON, FL 32426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORSWORTHY, L.G. 2356 HWY 2 BOX 84 CAMPBELLTON, FL 32426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODOM, JAMES ☒ Change ☐ Addition 5296 ROCKY CREEK RD MARIANNA, FL 32448	
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	T FOY, JOE 5681 ELLAVILLE RD CAMPBELLTON, FL 32426	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Mavis T. Hardy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	