

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 039 ****61.25

DOCUMENT # N05067

1. Entity Name

**THE FIRST BAPTIST CHURCH OF SOUTHPORT,
FLORIDA, INC.**



Principal Place of Business

**1732 BRIDGE ST
P O BOX 8448
SOUTHPORT FL 32409**

Mailing Address

**1732 BRIDGE ST
P O BOX 8448
SOUTHPORT FL 32409**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2332147

Applied For

Not Applicable

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

**STAATS, ROBERT B
229 MCKENZIE AVE
PANAMA CITY FL 32401**

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

**FILE NOW: 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 ☐ Delete
NAME **TR RICHARD, GENE**
STREET ADDRESS **6940 JOLEE RD**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☒ Delete
NAME **T EVANUS, DAVID**
STREET ADDRESS **7425 RESOTA LN**
CITY-ST-ZIP **SOUTH PORT FL 32409**

TITLE ☒ Delete
NAME **TR WALKER, LOUIS**
STREET ADDRESS **1805 FAY DR**
CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Trustee Edna Sapp**
STREET ADDRESS **4016 Peterson Ln.**
CITY-ST-ZIP **Southport, FL 32409**

TITLE ☐ Change ☒ Addition
NAME **Deacon Edmund Lovett**
STREET ADDRESS **7841 Hwy 2302**
CITY-ST-ZIP **Southport, FL 32409**

TITLE ☒ Change ☐ Addition
NAME **Trustee Richardson, Gene**
STREET ADDRESS **6940 Jolee Rd**
CITY-ST-ZIP **Panama City, FL 32404**

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

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

TITLE ☐ Change ☐ 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 Section 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:

Edna Fay Sapp
Edna Fay Sapp

3-17-08

850-265-5170