

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2008 8:00 am
Secretary of State

02-22-2008 90012 049 ****35.00
03-19-2008 90025 041 ****26.25

DOCUMENT # N07000003303			
1. Entity Name FIRST BAPTIST CHURCH OF LECANTO, INC.			
Principal Place of Business 1020 SOUTH LECANTO HIGHWAY LECANTO, FL 34460		Mailing Address 1020 SOUTH LECANTO HIGHWAY LECANTO, FL 34460	
2. Principal Place of Business - No P.O. Box # 1020 S Lecanto Hwy		3. Mailing Address P.O. Box 126	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lecanto FL		City & State Lecanto FL	
Zip 34461	Country FLORIDA	Zip 34460	Country FLORIDA
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVACH, SR., MICHAEL T ESQ 105 N. SEMINOLE AVE INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name Wilbur H. Langley Street Address (P.O. Box Number is Not Acceptable) 1065 Lecanto, FL City Lecanto FL 34461	
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 Wilbur H. Langley		DATE Feb. 17-08	
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-STATE-ZIP	☐ Delete D BRADSHAW, ROBERT W 567 N SETON AVE LECANTO, FL 34461	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D LANGLEY, WILBUR H BOX 126 LECANTO, FL 34460	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D OATS, RICHARD B 5370 W ROLLING VIEW PLACE LECANTO, FL 34461	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: Robert W Bradshaw		DATE FEB. 17, 08 3523442017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	