## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2007 8:00 am Secretary of State 04-03-2007 90012 049 \*\*\*\*61.25

## DOCUMENT # N07564



1. Entity Nam BRADFO		FIRST BAPTIST	CHURC	H, INC.								
Principal Place of Business 6494 THOMASVILLE ROAD TALLAHASSEE, FL 32312 US			6494	Mailing Address 6494 THOMASVILLE ROAD TALLAHASSEE, FL 32312 US				40048952				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #. etc.					01152007	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State				4. FEI Number 59-24849	89		}	plied For	
Zip Country		Zip	Zip Cou		intry		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
6. Name and Address of Current Register								7. Name and Ad	dress of New R	Registered A	gent	
GREEN, WILLIAM H				Name								
123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	e
8. The above	named entity	y submits this statement fo	or the purpo	se of changing its	register	ed office or reg	gistere	d agent, or both, i	n the State of Flo		amiliar with,	and accept
the obligat	ions of regist	tered agent.										
SIGNATURE .	Signature, typed	or printed name of registered agent	and little if appl	cable (NOTE	Registere	d Agent signature re	equired w	then reinstating)		DATE		
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	_	e is \$61.25 May 1, 2007		9. Election Carr Trust Fund C		~ —		\$5.00 May Be Added to Fees		lake check rida Depart		
10.	Due by M		RECTORS	Trust Fund C		~ —		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	rida Depart	ment of St	tate
MILE	Due by M	OFFICERS AND DI	RECTORS		11.	ion.		Added to Fees	Flor	rida Depart	ment of St	tate
	TD DOSTER,	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE	ion.   E		Added to Fees	Floi GES TO OFFICE	rida Depart	ment of SI	tate
TITLE NAME	TD DOSTER, 2352 CAR	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE NAM STRE	ion.		Added to Fees	Floi GES TO OFFICE	rida Depart	ment of SI	tate
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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: