


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N08455
1. Entity Name
FIRST BAPTIST CHURCH OF CASSELBERRY, INC.



Principal Place of Business
**770 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707**

Mailing Address
**770 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1107558

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MCCANDLESS, RANDY E.
395 CARACAS DR.
MERRITT ISLAND, FL 32593**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCANDLESS, RANDY 5828 RIDGE CLUB LOOP #107 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANNEL, VERA 875 TUMBLEWOOD LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, DREW 101 BUCKSKIN WAY WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESKITE, DEBBIE 1583 CANTERBURY CIRCLE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, FLORENCE 633 LAKE DOT CIRCLE APT #612 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000708927
04/24/07-80133-023 61.25

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: *Deborah A. Eskite* **Deborah A. Eskite** *4/9/07* **407-895-0446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #