

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

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90077 020 \*\*\*\*61.25

**DOCUMENT # N12968**

1. Entity Name  
**FIRST BAPTIST CHURCH OF BAREFOOT BAY, INC.**



Principal Place of Business  
**303 BAREFOOT BOULEVARD  
 BAREFOOT BAY, FL 32976**

Mailing Address  
**303 BAREFOOT BOULEVARD  
 BAREFOOT BAY, FL 32976**

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2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2658401**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRIFFITHS, ROBERT  
 408 N PAPAYA CIRCLE  
 BAREFOOT BAY, FL 32976**  
*See below*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
**Due by May 1, 2007**

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	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, MARIE	NAME	923 THROUGH Circle
STREET ADDRESS	710 E THRUST CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	
TITLE	PP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JONATHAN	NAME	
STREET ADDRESS	3973 RIDGEWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, RICHARD	NAME	923 THRUSH Circle
STREET ADDRESS	710 E THRUSH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32976	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, ROBERT	NAME	504 PAPA YA Circle
STREET ADDRESS	408 N PAPAYA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIGIE, ROBERT	NAME	725 OLEANDER Circle
STREET ADDRESS	717 N. OLEANDER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Griffiths Trustee Chairman* Date: 1/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR