


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13979**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF FOUNTAIN, FLORIDA, BAY COUNTY, INC.**



Principal Place of Business <b>18906 HWY. 231          P O BOX 349          FOUNTAIN, FL 32438 US</b>	Mailing Address <b>18906 HWY. 231          P O BOX 349          FOUNTAIN, FL 32438 US</b>
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**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DEGROFF, HERVEY  
 18507 HWY 231  
 FOUNTAIN, FL 32438**

**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 \_\_\_\_\_ 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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000817754  
 02/15/08-80015-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, DENNIS 18711 DEEPSPRINGS RD FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZELIP, HAROLD 17931 PARK PL FOUNTAIN, FL 32438
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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:** *Henry D. Buff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_