2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

447

FILED
Jun 19, 2008 8:00 am
Secretary of State
04-21-2008 90045 017 ****61.25

DOCUMENT # N14614

1. Entity Name
FIRST BAPTIST CHURCH OF ORANGE SPRINGS, INC.

Principal Place of Business	Mailing Address
22800 NE CTY HWY. 315 ORANGE SPRINGS, FL 32182 US	P.O. BOX 3 ORANGE SPRINGS, FL 32182 US

02042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHESHIRE, WALTER 7556 NE 227 PL. CITRA, FL 32113	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 Walter E Cheshire 05-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

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-ST-ZIP	D CHESHIRE, WALTER 7556 NE 227 PL. CITRA, FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LEMMON, WALTER 10560 NE 210 ST Ft. McCoy, FL 32134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOTALEN, GARY 13272 NE 41 TERR. ANTHONY, FL 32617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cheshire, Walter 7556 NE 227 Pl Citra FL 32113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYERS, LUCY 10955 NE 210 ST. FORT MCCOY, FL 32134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYERS, Lucy 10955 NE 210 ST Ft. McCoy FL 32134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARDNER, RICHARD L 22065 NE 106 AVE. FT. MCCOY, FL 32134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MYERS, Lucy 10955 NE 210 ST FT McCoy FL 32134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: Lucy R Myers 6-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #