

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 011 ****70.00

DOCUMENT # N15143

1. Entity Name

TRUSTEES OF FIRST BAPTIST CHURCH OF
IMMOKALEE, FLORIDA



Principal Place of Business

1411 LAKE TRAFFORD RD
IMMOKALEE FL 34142
US

Mailing Address

1411 LAKE TRAFFORD RD
IMMOKALEE FL 34142
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1113072

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

BETHEA, WILLIAM
401 LAKESHORE DRIVE
IMMOKALEE FL 34142

Name Ricardo Garcia

Street Address (P.O. Box Number is Not Acceptable)
981 22nd Ave. N.E.

Naples

City

FL

Zip Code

34120

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 Ricardo Garcia

Ricardo Garcia - President 01-24-07

FILE NOW: 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, WILLIAM R	
STREET ADDRESS	401 LAKESHORE DRIVE	
CITY - ST - ZIP	IMMOKALEE FL 34142	
TITLE	CC	<input type="checkbox"/> Delete
NAME	PLUNKETT, LOUISE	
STREET ADDRESS	1218 FORRESTER ST	
CITY - ST - ZIP	IMMOKALEE FL 34142	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBISON, SERENA	
STREET ADDRESS	724 HWY 830-A	
CITY - ST - ZIP	FELDA FL 33930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricardo Garcia	
STREET ADDRESS	981 22nd Ave. N.E.	
CITY - ST - ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ricardo Garcia Ricardo Garcia

01-24-07 239-657-2694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #