2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90012 042 ****70.00

DOCUMENT # N15143

1. Entity Name

TRUSTEES OF FIRST BAPTIST CHURCH OF IMMOKALEE, FLORIDA

Principal Place of Business	Mailing Address
1411 LAKE TRAFFORD RD IMMOKALEE FL 34142 US	1411 LAKE TRAFFORD RD IMMOKALEE FL 34142 US

1st MOORE CR2E037 (10/07)

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 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
GARCIA, RICARDO 981 22ND AVE. NE NAPLES FL 34102	Name: Ralph Donald Crapse Street Address (P.O. Box Number is Not Acceptable): 2525 Hwy. 29 S. City: Immokalee, Fl 34142 FL Zip Code 34142

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

FILE NOW: 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	P GARCIA, RICARDO 981 22ND AVE. NE NAPLES FL 34120	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ralph Donald Crapse 2525 Hwy. 29 S. Immokalee, Fl 34142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC PLUNKETT, LOUISE 1218 FORRESTER ST IMMOKALEE FL 34142	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC Toni Garcia 981 22nd Ave. NE Naples, FL 34120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROBISON, SERENA 724 HWY 830-A FELDA FL 33930	☐ 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
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 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: X Ralph Donald Crapse