
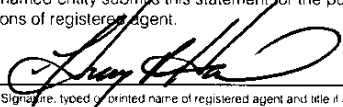
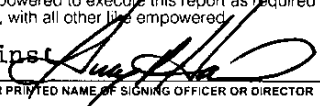


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 010 ****61.25

DOCUMENT # N16362 1. Entity Name ELIM BAPTIST CHURCH, INC.					
Principal Place of Business 3435 SW ELIM CHURCH RD FORT WHITE, FL 32038			Mailing Address P O BOX 448 FT. WHITE, FL 32038 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		
6. Name and Address of Current Registered Agent STALNAKER, CECIL W 957 SW BEAVER STREET FORT WHITE, FL 32038				7. Name and Address of New Registered Agent Name Huey R. Hawkins Street Address (P.O. Box Number is Not Acceptable) 6855 SW Elim Church Road City Fort White FL Zip Code 32038	
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  Huey R. Hawkins February 18, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 HOLLINGSWORTH, CARLTON P O BOX 494 FORT WHITE, FL 32038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALNAKER, CECIL W 957 SW BEAVER ST FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Huey R. Hawkins 6855 SW Elim Church Road Fort White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, GWENDOLYN 6855 SW ELIM CHURCH RD FORT WHITE, FL 32038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, ANNIE L. RT. 2 BOX 4960 FT. WHITE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RUSSELL 16955 SW SR 47 FORT WHITE, FL 32038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.					
SIGNATURE: Huey R. Hawkins 			February 18, 2008 386-497-3991		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40042167



01202008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOLLINGSWORTH, CARLTON
P O BOX 494
FORT WHITE, FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STALNAKER, CECIL W
957 SW BEAVER ST
FORT WHITE, FL 32038 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HAWKINS, GWENDOLYN
6855 SW ELIM CHURCH RD
FORT WHITE, FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
PORTER, ANNIE L.
RT. 2 BOX 4960
FT. WHITE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WILSON, RUSSELL
16955 SW SR 47
FORT WHITE, FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Huey R. Hawkins
6855 SW Elim Church Road
Fort White, FL 32038 ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Huey R. Hawkins  February 18, 2008 386-497-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #