

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 006 ****61.25

DOCUMENT # N19624

1. Entity Name
FIRST BAPTIST CHURCH OF BAGDAD, INC.



Principal Place of Business
**4529 FORSYTH ST
P.O. BOX 247
BAGDAD, FL 32530-0247**

Mailing Address
**4529 FORSYTH ST
P.O. BOX 247
BAGDAD, FL 32530-0247**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1036027

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HOWE, JAMES M
6650 OLD BAGDAD HWY
MILTON, FL 32583**

Name

BURROW, ROBERT C

Street Address (P.O. Box Number is Not Acceptable)

6429 LYNNWOOD CIRCLE

City

MILTON

FL

**Zip Code
32583**

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 *Robert C Burrow*

04-02-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VT** ☐ Delete
NAME **BURROW, ROBERT C**
STREET ADDRESS **6429 LYNNWOOD CIRCLE**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **P** ☒ Change ☐ Addition
NAME **BURROW, ROBERT C**
STREET ADDRESS **6429 LYNNWOOD CIRCLE**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **P** ☒ Delete
NAME **HOWE, JAMES M**
STREET ADDRESS **6650 OLD BAGDAD HWY**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STT** ☐ Delete
NAME **GRIMES, BRUCE**
STREET ADDRESS **4073 PACE LANE**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP STEPHENS, SARAH ANN**
STREET ADDRESS **6385 STARHILL DRIVE**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Robert C Burrow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-02-07