


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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
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01142008 No Chg-NP CR2E037 (4/06)

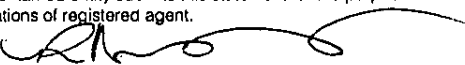
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1036027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURROW, ROBERT C
6429 LYNNWOOD CIRCLE
MILTON, FL 32583

DO NOT WRITE IN THIS SPACE

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:  DATE: 01-21-2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000795689
01/28/08-80054-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURROW, ROBERT C 6429 LYNNWOOD CIRCLE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT GRIMES, BRUCE 4073 PACE LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, SARAH ANN 6385 STARHILL DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  DATE: 01-21-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #