

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**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1036027	Applied For <input type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-21-2008

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT GRIMES, BRUCE 4073 PACE LANE PACE, FL 32571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, SARAH ANN 6385 STARHILL DRIVE MILTON, FL 32570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-21-2008