


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N19823 1. Entity Name FIRST BAPTIST CHURCH OF LACOOCHEE, INC.	
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Principal Place of Business 21012 BOWER RD. LACOOCHEE, FL 33537	Mailing Address P.O. BOX 517 LACOOCHEE, FL 33537
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03202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2797917	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SURRENCY, DONALD 38602 MICKLER ROAD DADE CITY, FL 33523	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, KENNETH E. 34645 WHITTINGTON LN. DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SURRENCY, DONALD 38602 MICKLER ROAD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREEDEN, VIRGINIA 20908 BREEDEN ROAD LACOOCHEE, FL 33537
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHEELER, HERBERT F 12334 C.R. 681 WEBSTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80004-016 70.00

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: *Donald O. Surrency* **4-25-07** **(352)583-4445**

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