


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

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N21869 1. Entity Name FIRST BAPTIST CHURCH OF HOMELAND, INC.	
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Principal Place of Business 205 CHURCH AVE HOMELAND, FL 33847 US	Mailing Address PO BOX 675 HOMELAND, FL 33847 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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 PULLEY, RANDALL 4529 OLLIE ROAD LAKELAND, FL 33810
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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 _____

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 SILER, HENRY PO BOX 656 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYCOCK, ALCUS PO BOX 64 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLEY, RANDALL 4529 OLLIE ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, BENNY 1810 EMERSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80048-007 61.25

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: *Randall Pulley* 2-07-2007 (863)499-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #