2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26181

1. Entity Name

FIRST BAPTIST CHURCH OF ALACHUA, INC.



FILED
Jan 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

POST OFFICE BOX 97 ALACHUA, FL 32616 Mailing Address

POST OFFICE BOX 97 ALACHUA, FL 32616



DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1161292

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METZLER, MICHAEL K 2630 NW 41ST ST. BUILDING A GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

GAINESVILLE, FL 32606			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					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	BRYAN, ALICE 14823 N.W 94TH AVENUE ALACHUA, FL 32615				Honocomogoda
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METZLER, MICHAEL 2630-A N.W. 41ST ST GAINSVILLE, FL				U00000599641 01/25/07-80035-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, ARCHIE 11012 NW 202ND ST ALACHUA, FL 32615			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
TITLE 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: TY

Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Metzler

ilialo-

352-374-9717

Date

Daytime Phone #