2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State
07-03-2006 90001 035 ****61.25

DOCUMENT # N27823

1. Entity Name
FIRST BAPTIST CHURCH OF SAN MATEO, INC.

Principal Place of Business	Mailing Address
HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO, FL 32187	HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO, FL 32187

05262006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2278315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAAS, LOIS M. 123 PARK DR SATSUMA, FL 32189	Name: HAAS, LOIS M. Street Address (P.O. Box Number is Not Acceptable): 225 OLD PENIEL ROAD City: PALATKA FL Zip Code: 32177

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
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 September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOMLINSON, WALLACE 156 YELVINGTON RD EAST PALATKA, FL 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAAS, LOIS 123 PARK DR SATSUMA, FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	225 OLD PENIEL ROAD PALATKA, FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANGSTON, QUINCY 116 LAKE MYRA LN SATSUMA, FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, JOAN 100 PINE STREET SATSUMA, FL 32189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TOMLINSON, PAULINE 156 YELVINGTON ROAD EAST PALATKA, FL 32131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, JAMES E. 119 LATESHA TERRACE PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lois M. Haas Lois M. Haas 6-29-06 386-328-1377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Halloween story

ATTACHMENT
400976666

Division of Corporations

Annual Report

Annual Report Help

Document Number
N27823
Business Entity Name
FIRST BAPTIST CHURCH OF SAN MATEO, INC.

FEI Number	592278315			
FEI Number Status	Listed Above	Applied For	Not Applicable	
Certificate of Status Desired	Yes	No	$8.75 each	
Election Campaign Financing Trust Fund Contribution	yes	No		

Principal Place of Business

Address	HIGHWAY 100 EAST
Suite, Apt. #, etc.	POST OFFICE BOX 56
City, State	SAN MATEO , FL
Zip Code & Country	32187

Mailing Address

Address	HIGHWAY 100 EAST
Suite, Apt. #, etc.	POST OFFICE BOX 56
City, State	SAN MATEO , FL
Zip Code & Country	32187

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA HAAS, LOIS M.

Address (PO Box is not acceptable) ~~123 PARK DR~~ 225 OLD PENIEL RD.

Suite, Apt. #, etc.

City, State ~~SATSUMA~~ PALATKA , FL

Zip Code & Country ~~32189~~ 32177 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept

Halloween story

ATTACHMENT

400976666
#N27823

the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

THIS signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	TOMLINSON , WALLACE , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	156 YELVINGTON RD
City, State	EAST PALATKA , FL
Zip Code & Country	32131
Title	TD
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	HAAS, LOIS M.
Street Address	~~123 PARK DR~~ 225 OLD PENIEL RD.
City, State	~~SATSUMA~~ PALATKA , FL
Zip Code & Country	~~32189~~ 32177
Title	VD
Name (Last, First, Middle, Title)	LANGSTON , QUINCY , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	116 LAKE MYRA LN
City, State	SATSUMA , FL
Zip Code & Country	32189

Halloween story

ATTACHMENT 400976666
#127823

Title	~~SD~~
Name (Last, First, Middle, Title)	~~ROBERTS , JOAN~~ , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	~~100 PINE STREET~~
City, State	~~SATSUMA~~ , ~~FL~~
Zip Code & Country	~~32189~~
Title	SD
Name (Last, First, Middle, Title)	TOMLINSON , PAULINE , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	156 YELVINGTON RD.
City, State	EAST PALATKA , FL
Zip Code & Country	32131
Title	D
Name (Last, First, Middle, Title)	WILSON , JAMES , E ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	119 LATESHA TERRACE
City, State	PALATKA , FL
Zip Code & Country	32177

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title TO

Officer/Director Signature LOIS M. HAAS Lois M Haas 4-20-06
386 328-1377

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset