

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 015 ****61.25

DOCUMENT # N31390

1. Entity Name

FIRST BAPTIST CHURCH OF OKAHUMPKA, INC.



Principal Place of Business

HIGHWAY 470 WEST/P.O. BOX 117
OKAHUMPKA FL 34762

Mailing Address

HIGHWAY 470 WEST/P.O. BOX 117
OKAHUMPKA FL 34762

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2446541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, CHRISTOPHER L
3343 CR 470
OKAHUMPKA FL 34762

7. Name and Address of New Registered Agent

Name

Hayes Christopher L
Street Address (P.O. Box Number is Not Acceptable)
12428 DRAW DRIVE

City

Grand Island

FL

Zip Code

32735

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 installing)

(DATE)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYES, CHRISTOPHER	
STREET ADDRESS	3343 CR 470	
CITY-STATE-ZIP	OKAHUMPKA FL 34762	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERRITT, TEX A	
STREET ADDRESS	AUTIN MERRITT RD #56	
CITY-STATE-ZIP	OKAHUMPKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SYLVIA, MANNY SR	
STREET ADDRESS	25229 US HWY 270	
CITY-STATE-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODARD, JERAH W	
STREET ADDRESS	1185 CR 463	
CITY-STATE-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Christopher Hayes Christopher Hayes Pastor 1-19-07 (352) 787-3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #