


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

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 050 \*\*\*\*61.25

|   |   |
|---|---|
| DOCUMENT # N31581   |  |
| 1. Entity Name<br>INDEPENDENT BAPTIST CHURCH OF SEBRING, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>5704 CR 17 S<br>SEBRING FL 33876 | Mailing Address<br>5704 CR 17 S<br>SEBRING FL 33876 |
|---|---|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

1st MOORE CR2E037 (10/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-2955996 | Applied For<br><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<br><br>HANKINS, JOHN W<br>6522 OLD ORCHARD AVE<br>SEBRING FL 33876 |
|--|

|   |                      |
|---|----------------------|
| 7. Name and Address of New Registered Agent                           |                      |
| Name<br>Ruse LARRY  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>4942 SALMON Dr. |                      |
| City<br>Sebring   | Zip Code<br>FL 33870 |

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 Larry Ruse 3-18-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HANKINS, JOHN W.<br>6522 OLD ORCHARD ROAD<br>SEBRING FL 33876 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Pastor Larry Ruse<br>Ruse, Larry<br>4942 SALMON Dr.<br>Sebring, FL. 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PAONE, JOSPEH<br>3441 VILLAGE ROAD<br>SEBRING FL 33872 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Trustee<br>Moyer, John<br>3025 Duane PALMER BLVD.<br>Sebring, FL. 33876 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DAT<br>FLETCHEER, KENNETH<br>23 LAKE GARDENS DRIVE<br>LAKE PLACID FL 33852 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Trustee<br>FARMHAM, JIM<br>5319 HOLT ST.<br>Sebring, FL. 33876 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: [Signature] 3-18-07 863-655-1899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #