

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

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # N32437	
1. Entity Name FAMILY BIBLE CHURCH, INC. OF PONTE VEDRA, FLORIDA	
Principal Place of Business 4760 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082 US	Mailing Address 2849 BARRETT ROAD JACKSONVILLE, FL 32246



DO NOT WRITE IN THIS SPACE

03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2963929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELLIOTT, GARY D.
2849 BARRETT ROAD
JACKSONVILLE, FL 32216

**DO NOT WRITE
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. ☐

**\$5.00 May Be
Added to Fees**

1000000670076

03/27/07-80098-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO ELLIOTT, GARY D. 2849 BARRETT RD. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BOATWRIGHT, DONN 14501 AQUA VISTA COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAMS, SONNY SR 5634 ST ISABEL DR JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY D ELLIOTT 3/12/07 9042805644

Date

Daytime Phone #