

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33366

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** COMMUNITY BAPTIST CHURCH OF FLAGLER COUNTY, INC.

**Current Principal Place of Business:**

OLD DIXIE HWY  
BETWEEN I95 & US 1  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

OLD DIXIE HWY  
BETWEEN I95 & US 1  
BUNNELL, FL 32110 US

**Current Mailing Address:**

956 S OLD DIXIE HWY  
BUNNELL, FL 321102060 US

**New Mailing Address:**

FEI Number: 59-2921118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANNOY, DAVID W  
29 ULYSSES TRAIL  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SINGLETARY, ROY  
Address: 75 ZEBULAH'S TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: REVELS, GEORGE  
Address: 4012 JOHN ANDERSON DRIVE  
City-St-Zip: FLAGLER BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SINGLETARY, ROY TRUSTEE  
Address: 75 ZEBULAH'S TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Change ( ) Addition  
Name: REVELS, GEORGE TRUSTEE  
Address: 4012 JOHN ANDERSON DRIVE  
City-St-Zip: FLAGLER BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA A SHOWS

ADMN

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date