


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90063 037 ****70.00

DOCUMENT # N37716	
1. Entity Name FIRST BAPTIST CHURCH OF EL JOBEAN, INC.	

Principal Place of Business 4282 COMMERCIAL STREET PORT CHARLOTTE, FL 33953	Mailing Address P.O. BOX 27037 EL JOBEAN, FL 33927
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2328006	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MCDUFFIE, JR., ROBERT H REV. 14394 ARMADA ROAD PORT CHARLOTTE, FL 33953	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LESLIE H 40 BAY STREET ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: Robert H. McDuffie, Jr. 4-19-2008 941-625-2406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40074088

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number 137716
Business Entity Name FIRST BAPTIST CHURCH OF EL JOBEAN, INC.
FEI Number 592328006
FEI Number Status
Certificate of Status Desired Yes
Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 4282 COMMERCIAL STREET
City, State PORT CHARLOTTE, FL
Zip Code & Country 33953

Mailing Address

Address P.O. BOX 27037
City, State EL JOBEAN, FL
Zip Code & Country 33927

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MCDUFFIE, JR., ROBERT , H, REV.
Address 14394 ARMADA ROAD
City, State PORT CHARLOTTE, FL
Zip Code & Country 33953 US

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) THOMPSON, LESLIE , H
Street Address 40 BAY STREET
City, State ENGLEWOOD, FL
Zip Code & Country 34224

Title REV
Officer/Director Signature ROBERT H. MCDUFFIE JR.