
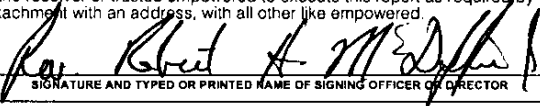


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2328006	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMPSON, LESLIE H 40 BAY STREET ENGLEWOOD, FL 34224		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 			Date 4-19-2008 Daytime Phone # 941-625-2406		

ATTACHMENT
40074088FLORIDA DEPARTMENT OF STATE
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Document Number N37716

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.