


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N37765 1. Entity Name FIRST BAPTIST CHURCH OF JESUS CHRIST, INC.	
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Principal Place of Business 3600 AVE, M., NW WINTER HAVEN FL 33880 US	Mailing Address P.O. BOX 936 AUBURNDALE FL 33823 US
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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 (10/07)

4. FEI Number 59-3014471		<input type="checkbox"/> Applied For <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 MATTOX, RAY 170 E CENTRAL AVE WINTER HAVEN FL 33880		
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, KAREN	NAME	
STREET ADDRESS	6907 BROOKRIDGE TRAILS	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	CITY-ST-ZIP	000000842875 03/11/08-80046-025 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, CLYDE	NAME	
STREET ADDRESS	2980 THORNHILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAIT, BETTY	NAME	
STREET ADDRESS	122 7TH TERI	STREET ADDRESS	
CITY-ST-ZIP	WAHNETA FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DAWN E	NAME	
STREET ADDRESS	410 GARRET RIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rev Clyde D Foster* *Rev CLYDE D FOSTER*