

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38822

FILED
Mar 05, 2008
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF FROSTPROOF, INC.

Current Principal Place of Business:

96 WEST B STREET
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 327
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-1105012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANTLEY, JOHNNY
2251 CR 630 WEST
FROSTPROOF, FL 33843 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: VD () Delete
Name: BLACKWELDER, LARRY
Address: 280 OVEROCKR CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: S () Delete
Name: HADDEN, CHERYL SEC
Address: 511 WOOD AVENUE
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: CORDELL, RETHA TREA
Address: 201 QUAIL
City-St-Zip: SEBRING, FL 33872

Title: PD () Delete
Name: BRANTLEY, JOHNNY
Address: 2251 SR 630 WEST
City-St-Zip: FROSTPROOF, FL

Title: D (X) Delete
Name: CROSBY, DAVID
Address: 302 S PALM AVE.
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: RESPRESS, BOBBY
Address: 1701 CR 630W
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DONALDSON, PAULINE TREA
Address: 1417 ILLINOIS STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHERYL HADDEN

SEC

03/05/2008

Electronic Signature of Signing Officer or Director

Date