


FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90426 019 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N39313					
1. Entity Name FIRST BAPTIST CHURCH OF EAST PALATKA, INC.					
Principal Place of Business 207 TAMMY STREET EAST PALATKA, FL 32131 US			Mailing Address PO BOX 404 EAST PALATKA, FL 32131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3022421	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUGHEY, SCOTT D REV 104 COLONIAL CIRCLE PALATKA, FL 32177			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 <u>Scott D. Hughey</u>		(NOTE: Registered Agent signature required when remaining)		DATE <u>4/26/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ANTHONY J JR		NAME	MERTICE GABALDON	
STREET ADDRESS	2865 HILLTOP ROAD		STREET ADDRESS	159 CR 207 A	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBITT, GWENDOLYN O		NAME	JAMES PATTERSON	
STREET ADDRESS	P O BOX 411		STREET ADDRESS	321 GENTIAN Rd	
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP	St. Augustine FL 32086	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, SCOTT D REV		NAME		
STREET ADDRESS	104 COLONIAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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: <u>Scott D. Hughey</u>		<u>Scott D. Hughey</u>		DATE <u>4/26/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <u>386-546-7081</u>	