

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90014 007 ****70.00

DOCUMENT # N40954

1. Entity Name
INDEPENDENT BIBLE BAPTIST CHURCH, INC.



Principal Place of Business
**150 S CHERRY ST
STARKE, FL 32091 US**

Mailing Address
**150 S CHERRY ST
STARKE, FL 32091 US**

66011018



01192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2516983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WORTEN, ROGER-
8782 HWY 100 W
STARKE, FL 32091**

**DO NOT WRITE
IN THIS SPACE**

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: Roger M. Worten

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-24-2008
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<u>TRUSTEE</u>
NAME	MURPHY, GENE R.	
STREET ADDRESS	7896 SE 100	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<u>TRUSTEE</u>
NAME	LAFFERTY, GARY R	
STREET ADDRESS	2255 SR 230 E	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<u>TRUSTEE</u>
NAME	TOMLINSON, FLOYD	
STREET ADDRESS	220 SE 1ST ST	
CITY-ST-ZIP	LAKE BUTLER, FL 32064	
TITLE	T	<u>TRUSTEE</u>
NAME	TYLICZKA, ROBERT	
STREET ADDRESS	1303 W. PRATT ST.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	Griffis Ricky	<u>TRUSTEE</u>
NAME	3815 NW CR 233	
STREET ADDRESS	Starke FL 32091	
CITY-ST-ZIP		
TITLE	Elixson R Billy	<u>TRUSTEE</u>
NAME	14771 SW 58th OR	
STREET ADDRESS	Lake Butler FL 32054	
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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: Roger M. Worten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2008

Date

904-9644725

Daytime Phone #