

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46935

1. Entity Name
THE FIRST BAPTIST CHURCH OF DELAND, FLORIDA,
INCORPORATED



Principal Place of Business
725 N WOODLAND BLVD
DELAND, FL 32720

Mailing Address
725 N WOODLAND BLVD
DELAND, FL 32720

FILED
Feb 25, 2008 08:00 AM
Secretary of State



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0696286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINES, BRENDA
2679 WHITEHURST RD
DELAND, FL 32720

**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

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

(NOTE: Registered Agent signature required when reinstating)

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	TR
NAME	MEDLIN, JAMES
STREET ADDRESS	809 W HOWRY AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	TR
NAME	MIZE, JIM
STREET ADDRESS	4234 MAPLE LEAF LANE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TR
NAME	HEACOCK, CHARLES
STREET ADDRESS	1034 TORCHWOOD DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TR
NAME	EDMONSON, GRAVES
STREET ADDRESS	1010 N. FLORIDA AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	TR
NAME	SMOAK, CHARLES
STREET ADDRESS	1035 S. MASSACHUSETTS
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000838591
03/05/08-80037-019 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/08 311/734-1766