

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47023

FILED
Feb 22, 2008
Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH, INCORPORATED, OF DEFUNIAK SPRINGS, FLORIDA

Current Principal Place of Business:

216 E LIVE OAK AVE.
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

216 E LIVE OAK AVE.
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 59-0870368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENNERBERG, MARTHA
2022 COUNTRY HWY 280 E
DEFUNIAK SPRINGS, FL 32435 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: TR () Delete
Name: WATKINS, MORRIS
Address: 281 MEADOWBROOK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TR () Delete
Name: CUMMINGS, BOB
Address: 829 W. NELSON AVENUE
City-St-Zip: DEFUNIAK SPGS., FL 32433

Title: TR () Delete
Name: HARRISON, DON
Address: 1300 HILL STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: COFFIELD, JAMES
Address: 14 STINSON DR.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TR () Delete
Name: INGLE, MARTHA
Address: 96 COUNTRY MANOR ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TR () Delete
Name: LEVY, BOB
Address: 300 SQUIRREL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES COFFIELD

D

02/22/2008

Electronic Signature of Signing Officer or Director

Date