


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N48319	
1. Entity Name FAITH BAPTIST CHURCH OF STARKE, INC.	

Principal Place of Business HIGHWAY 16 EAST STARKE FL 32091	Mailing Address 1531 NE SR16 STARKE FL 32091
---	--



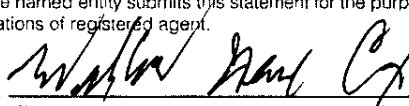
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
---	--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> GENE COX, WILBUR 2170 NE 204TH ST LAWTEY FL 32058 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		GENE COX, WILBUR 2170 NE 204TH ST LAWTEY FL 32058		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent													
GENE COX, WILBUR 2170 NE 204TH ST LAWTEY FL 32058		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  DATE **02-02-08**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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 NAME STREET ADDRESS CITY- ST- ZIP	DT MENG, LAWRENCE STAR ROUTE 2, BOX 42A HAMPTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000817106 02/14/08-80080-016 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COX, WILBUR GENE 2170 NE 204TH ST LAWTEY FL 32058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WILLIAMS, RONNIE DAVID 15965 SW CTY RD 18 BROOKER FL 32622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **02-02-08**