

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

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N49394

1. Entity Name
FIRST BLACK CREEK BAPTIST CHURCH, INC.



Principal Place of Business

**3904 HIGHWAY 16 W
PENNEY FARMS, FL 32079 US**

Mailing Address

**P.O. BOX 826
PENNEY FARMS, FL 32079-0826 US**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHANDLER, ZANDA
3839 COUNTY ROAD 218
MIDDLEBURG, FL 32068**

**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

Treasurer

1-31-8

**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	DS
NAME	SAUNDERS, DOYLE
STREET ADDRESS	3754 HWY 16 W
CITY-ST-ZIP	PENNEY FARMS, FL
TITLE	DT
NAME	QUIETT, DARRELL
STREET ADDRESS	16 HEMP COURT
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	DV
NAME	TEW, ARNOLD
STREET ADDRESS	3517 GWINN STREET
CITY-ST-ZIP	PENNEY FARMS, FL 32079
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000814457
02/13/08-80045-005 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

Treasurer

Date

1-31-8

Daytime Phone #