

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N49745
 1. Entity Name
 FIRST BAPTIST CHURCH OF SANFORD, INC.



Principal Place of Business Mailing Address
 519 PARK AVE. 519 PARK AVE.
 SANFORD, FL 32771 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0818916 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLBERT, WILLIAM L.
 519 PARK AVE.
 SANFORD, FL 32771

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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 _____ (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	T
NAME	COOK, ARTHURENE
STREET ADDRESS	431 ELLIOTT AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TC
NAME	COLBERT, WILLIAM L.
STREET ADDRESS	200 W. 1ST ST. - SUITE 22
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	NOELL, PEGGY
STREET ADDRESS	519 S. PARK AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	T
NAME	DUGGAR, JOE
STREET ADDRESS	P O BOX 83
CITY-ST-ZIP	SANFORD, FL 32772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000819729
 02/15/08-80092-025 61.25

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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: *Peggy A. Noell* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR