

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N50491 1. Entity Name FIRST BAPTIST CHURCH OF MINNEOLA, INC.					
Principal Place of Business 105 GALENA ST MINNEOLA, FL 34755 US				Mailing Address P.O. BOX 596 MINNEOLA, FL 34755	
2. Principal Place of Business - No P.O. Box # 105 S. GALENA AVE.		3. Mailing Address P.O. Box 596			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Minneola		City & State FL		4. FEI Number 59-1706895	
Zip 34755		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34755		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKLAND, EARL 999 EAST PLUM LAKE LANE MINNEOLA, FL 34755				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	TS ASBURY, SARAH 213 E CHESTER ST MINNEOLA, FL 34755			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TAYLOR, MARVIN 10817 LIBBY ROAD CLERMONT, FL 34711			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TYNDAL, PRENTICE 464 JUNIATA ST CLERMONT, FL 34711			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
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.				U000000656337 03/14/07-80021-023 61.25	
SIGNATURE: Sarah Asbury, Inc. & Treasurer				2-28-07 352-394-3957	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	