

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 022 ****61.25

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. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 596 Suite, Apt. #, etc.	
City & State Minneola, Florida Zip 34755		City & State Minneola, Florida Zip 34755	
Country USA		Country USA	
4. FEI Number 59-1706895		Applied For <input type="checkbox"/> Not Applicable	
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 \$81.25 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 TS NAME ASBURY, SARAH STREET ADDRESS 213 E CHESTER ST CITY-ST-ZIP MINNEOLA, FL 34755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME TAYLOR, MARVIN STREET ADDRESS 10817 LIBBY ROAD CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME VIVIAN Schoenenberger STREET ADDRESS 15809 Old Hwy 50 CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME TYNDAL, PRENTICE STREET ADDRESS 464 JUNIATA ST CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME Ellen Barker STREET ADDRESS 1680 Bloxam Ave. CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" 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 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: <u>Sarah Asbury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<u>March 31, 2008</u> <u>352-394-3957</u> <small>Date Daytime Phone #</small>	