

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N93000000839	
1. Entity Name FIRST BAPTIST CHURCH OF ZELLWOOD, INC.	
Principal Place of Business 2903 WINIFRED ST. P.O. BOX 517 ZELLWOOD, FL 32798	Mailing Address 2903 WINIFRED ST. P.O. BOX 517 ZELLWOOD, FL 32798



DO NOT WRITE IN THIS SPACE

04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3219567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIS, JANICE 2903 WINIFRED STREET ZELLWOOD, FL 32798
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARY 2903 WINIFRED ST. ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, JIMMY 2903 WINNIGRED ST. ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, ISAAC 2903 WINIFRED ST. ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATLIN, VIRGINIA 2903 WINIFRED ST. ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725024
05/03/07-80005-021 61.25

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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: Virginia Gatlin Virginia Gatlin 4-19-07 407-886-7986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #