


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001174</b>	
<b>1. Entity Name</b> FIRST BAPTIST CHURCH OF MILLIGAN, FLORIDA, INC.	

<b>Principal Place of Business</b> 5238 OLD RIVER ROAD BAKER FL 32531 US	<b>Mailing Address</b> 5238 OLD RIVER ROAD BAKER FL 32531 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-3179562	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> PEACOCK, RONALD 1710 DADS ROAD BAKER FL 32531
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete JT GARRETT 5403 OLD BETHEL RD CRESTVIEW FL 32536
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete ELSIE GARRETT 5403 OLD BETHEL RD CRESTVIEW FL 32536
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete RONALD PEACOCK 1710 DADS RD BAKER FL 32531
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete GWEN PEACOCK 1710 DADS RD BAKER FL 32531
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete WILKINSON, WADE 5215 HWY 4 BAKER FL 32531
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete SARAH BENOIT 1864 GARRETT MILL RD BAKER FL 32531

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000691999 04/13/07-80033-012 61.25
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-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 Section 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:** *Ronald Peacock* **4/3/07** **850-682-5453**