

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

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 005 ****61.25

DOCUMENT # N930C0001268

1. Entity Name

FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.



Principal Place of Business

**301 E. MOODY BLVD.
BUNNELL FL**

Mailing Address

**P.O. BOX 365
BUNNELL FL 32110-0365**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1883327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUCKETT, RICHARD
13 LAKESIDE PLACE WEST
PALM COAST FL 32137**

Name

Street Address (F

City

**Shirley Hessler
255 Parkview Drive
Palm Coast, FL 32164-5684**

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

Shirley Hessler **Shirley Hessler**

4/12/07

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME: **RIZZO, JOSEPH**
STREET ADDRESS: **P.O. BOX 350418/56 EATHAN ALLEN DR.**
CITY-ST-ZIP: **PALM COAST FL 32135**

T ☐ Delete
NAME: **WHITAKER, BARBARA**
STREET ADDRESS: **703 N ANDERSON S T**
CITY-ST-ZIP: **BUNNELL FL 32110**

CP ☐ Delete
NAME: **HESSLER, SHIRLEY**
STREET ADDRESS: **255 PARKVIEW DRIVE**
CITY-ST-ZIP: **PALM COAST FL 32164-5684**

T ☐ Delete
NAME: **BEMBRY, MELBA**
STREET ADDRESS: **P O BOX 916**
CITY-ST-ZIP: **BUNNELL FL 32110**

T ☐ Delete
NAME: **HOLDRIDGE, WILBUR**
STREET ADDRESS: **1720 CR 13 RT 1 BOX 22**
CITY-ST-ZIP: **BUNNELL FL 32110**

D ☐ Delete
NAME: **STARLING, DAVID**
STREET ADDRESS: **P O BOX 1454**
CITY-ST-ZIP: **BUNNELL FL 32110**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Shirley Hessler **Shirley Hessler**

4/12/07

(386) 446-8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #