


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90048 025 ****61.25

DOCUMENT # N93000003655	
1. Entity Name FIRST BAPTIST CHURCH OF QUINCY, INC.	

Principal Place of Business 210 WEST WASHINGTON STREET QUINCY, FL 32351	Mailing Address PO BOX 70 QUINCY, FL 32353
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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

02202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0760202	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		7. Name and Address of New Registered Agent	
THOMAS, BRUCE 412 N JACKSON ST QUINCY, FL 32351		Name J. NEAL FAIRCLOTH	
		Street Address (P.O. Box Number is Not Acceptable) 221 W. WASHINGTON ST.	
		City QUINCY FL Zip Code 32351	

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 **J. Neal Faircloth P/D**  **2/21/07**
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

**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	D REESE, SUSAN 996 AUGUSTINE RD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SUSAN REESE 996 AUGUSTINE RD. QUINCY, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BRUCE 412 N JACKSON ST QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LINDA BROCK 815 HILLCREST AVE. QUINCY, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BARBARA HWY 12 QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. JEFF DAVIS 943 ATTAPULGUS HWY. QUINCY, FL 32352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, J NEAL 221 W WASHINGTON ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D J. NEAL FAIRCLOTH 221 WASHINGTON ST. QUINCY, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHOADS, FRED 319 N 11TH ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED RHOADS 319 N. 11TH ST. QUINCY, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUBER, VIRGINIA 710 BELLAMY DR. QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK COOPER 1700 MAX HERRIN RD. CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Change <input checked="" 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: **J. Neal Faircloth, P/D** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #