

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 042 ****61.25

DOCUMENT # N93000005812



1. Entity Name
 FIRST BAPTIST CHURCH OF EUSTIS, INC.

Principal Place of Business
 3551 E ORANGE AVE
 EUSTIS, FL 32736 US

Mailing Address
 P.O. BOX 129
 EUSTIS, FL 32726

40000000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

32727

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

PHILLIPS, GLENN
 1800 LAKE TERRACE DR
 EUSTIS, FL 32736

Name JACK Wilson
 Street Address (P.O. Box Number is Not Acceptable) 2361 Ruth Street (NO MAIL)
 City EUSTIS FL Zip Code 32726

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

Jack R Wilson

2/22/07

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	DP	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, GLENN	
STREET ADDRESS	1800 LAKE TERRACE DR	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DVPC	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DONNA	
STREET ADDRESS	23235 SR 44	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, GREGORY	
STREET ADDRESS	P O BOX 1571	
CITY-ST-ZIP	MOUNT DORA, FL 32756	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	CADDELL, DANNY	
STREET ADDRESS	P O BOX 677	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK Wilson	
STREET ADDRESS	P.O. Box 772	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DVP/DCP	<input checked="" type="checkbox"/> Exchange <input type="checkbox"/> Addition
NAME	Danny Caddell	
STREET ADDRESS	P.O. Box 677	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	DS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claire Schill	
STREET ADDRESS	2534 Derby Drive	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lou Tiller	
STREET ADDRESS	1056 Caesars Ct.	
CITY-ST-ZIP	Mt. DORA, FL 32757-6506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Jack R Wilson

2/22/07

352-357-8640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #