


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000001690 1. Entity Name FIRST BAPTIST CHURCH OF MONTVERDE, INC.	
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Principal Place of Business 17409 8TH STREET P O BOX 560134 MONTVERDE, FL 34756 US	Mailing Address FIRST BAPTIST CHURCH P O BOX 560134 MONTVERDE, FL 34756 US
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3241149	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

WILSON, KENT
9934 SPRINGLAKE DRIVE
CLERMONT, FL 34711

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 14, 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	T TIMPNER, WILLIAM 13106 SHORE DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, IRWIN E 16525 LOWRY RD MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGHT, SIDNEY 16431 MAGNOLIA BLUFF MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PEARCE, HELEN PO 560656 MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, KENT 9934 SPRINGLAKE DR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/20/07-80007-011 61.25

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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: *Kent Wilson* 7/15/2007 352-293-9371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #