

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002550

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

823N 15TH ST  
MEXICO BEACH, FL 32410 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13691  
MEXICO BEACH, FL 32410 US

**New Mailing Address:**

**FEI Number:** 59-3245806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUCHER, DOUGLAS DR.  
178 BOUCHER LANE  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BROWN, PATRICIA A  
Address: 8301 TRADEWINDS, P.O. BOX 13557  
City-St-Zip: MEXICO BEACH, FL 32410 US

Title: CD  
Name: BOUCHER, DOUGLAS DR.  
Address: 178 BOUCHER LANE  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: D  
Name: DUMAS, ERIC E  
Address: P.O. BOX 13691  
City-St-Zip: MEXICO BEACH, FL 32410 US

Title: S  
Name: OSBORNE, PEGGY  
Address: P.O. BOX 13691  
City-St-Zip: MEXICO BEACH, FL 32410 US

Title: D  
Name: BROWN, HAROLD  
Address: P.O. BOX 13691  
City-St-Zip: MEXICO BEACH, FL 32410 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. BROWN

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02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date