

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 028 \*\*\*\*61.25

**DOCUMENT # N94000004210**

1. Entity Name

**FAITH BAPTIST CHURCH OF MADISON, FL INC.**



Principal Place of Business

**1135 E US 90  
MADISON FL 32340**

Mailing Address

**1135 E US 90  
MADISON FL 32340**

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

**59-2292141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLAR  
SOLAR, PAUL  
118 SW WARREN SVE  
MADISON FL 32340**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 **DPTOLAR** ☒ Delete  
NAME **SOLAR, PAUL**  
STREET ADDRESS **118 SW WARREN AVE**  
CITY- ST- ZIP **MADISON FL 32340**

TITLE **JAMES V. CASON** ☒ Change ☐ Addition  
NAME **JAMES V. CASON**  
STREET ADDRESS **788 NE YELLOW PINE AVE.**  
CITY- ST- ZIP **MADISON, FL 32340**

TITLE **DVP** ☐ Delete  
NAME **WALLER, MADGE**  
STREET ADDRESS **514 NE CELOSIA DR**  
CITY- ST- ZIP **MADISON FL 32340**

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

TITLE **DST** ☐ Delete  
NAME **MURPHY, VIRGINIA**  
STREET ADDRESS **221 SOUTHWEST FLORIDA LOOP**  
CITY- ST- ZIP **MADISON FL 32340**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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:

**Virginia Murphy (VIRGINIA MURPHY) 2/18/08 850.973.2887**