

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

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002373

1. Entity Name

FAITH BAPTIST CHURCH OF OLD TOWN, INC.



Principal Place of Business

P.O. BOX 787
OLD TOWN, FL 32680

Mailing Address

P.O. BOX 787
OLD TOWN, FL 32680



02172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2361091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLOT, ARTHUR
RT. 3 BOX 459
OLD TOWN, FL 32680

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000089677
04/11/07-80042-012 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BELLOT, ARTHUR
STREET ADDRESS 188 S.E. 55A HWY
CITY-ST-ZIP OLD TOWN, FL 326804114

TITLE D
NAME LORD, CEDRIC
STREET ADDRESS 484 S.E. 601 ST
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D
NAME CRENSHAW, KEITH S.
STREET ADDRESS 84 SE 601 STREET
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur Bellet

4/1/07

352-498-1426