2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N95000002373

1. Entity Name
FAITH BAPTIST CHURCH OF OLD TOWN, INC.

Principal Place of Business	Mailing Address
P.O. BOX 787	P.O. BOX 787
OLD TOWN, FL 32680	OLD TOWN, FL 32680

DO NOT WRITE IN THIS SPACE

01062008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2361091	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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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000808528
02/07/08-80052-020 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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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: _____   1/13/08   352-498-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #