

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 042 \*\*\*\*61.25

DOCUMENT # N95000002815

1. Entity Name

FIRST BAPTIST CHURCH OF RAIFORD, INC.



Principal Place of Business

Mailing Address

COUNTY ROAD 229  
RAIFORD FL 32083

P.O. BOX 295  
RAIFORD FL 32083



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

59-3402623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, JOHN S  
100 W. CALL ST.  
STARKE FL 32091

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, 2007**

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 ☐ Delete  
NAME  
KITLER, MARGARET  
STREET ADDRESS  
ROUTE 1, BOX 626  
CITY ST ZIP  
RAIFORD FL 32083

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP  
22095 NE 154 Way

TITLE ☐ Delete  
NAME  
FORSYTH, T J  
STREET ADDRESS  
P O BOX 35 SR 229  
CITY ST ZIP  
RAIFORD FL 32083-0035

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
TAYLOR, ODESSA  
STREET ADDRESS  
POST OFFICE BOX 146 N/A  
CITY ST ZIP  
RAIFORD FL 32083-0146

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  
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STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Margaret Kitler* Margaret Kitler 1/19/07 386-431-1596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #