

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002815**

1. Entity Name  
**FIRST BAPTIST CHURCH OF RAIFORD, INC.**



Principal Place of Business

**COUNTY ROAD 229  
RAIFORD, FL 32083**

Mailing Address

**P.O. BOX 295  
RAIFORD, FL-32083**



01062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3402623**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000322029  
02/19/08-80051-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KITLER, MARGARET
STREET ADDRESS	22095 NE 154 WAU
CITY-ST-ZIP	RAIFORD, FL 32083
TITLE	D
NAME	FORSYTH, T J
STREET ADDRESS	P O BOX 35 SR 229
CITY-ST-ZIP	RAIFORD, FL 320830035
TITLE	D
NAME	TAYLOR, ODESSA
STREET ADDRESS	POST OFFICE BOX 146 N/A
CITY-ST-ZIP	RAIFORD, FL 320830146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Odessa Taylor* **Odessa Taylor 2/7/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**386-431-1996**

Daytime Phone #