

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

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90011 027 ****61.25

DOCUMENT # N95000003183

1. Entity Name

FELLOWSHIP BAPTIST CHURCH OF SUWANNEE COUNTY,
FLORIDA, INC.



Principal Place of Business

17077 25TH RD
LAKE CITY FL 32024
US

Mailing Address

2950 SW CYPRESS LAKE ROAD
LAKE CITY FL 32024
US



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

59-2929214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, JIMMY
3198 SW CYPRESS LAKE RD
LAKE CITY FL 32024

Name Fredrick Perry

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

615 SW Sabre

City Lake City

FL

Zip Code 32024

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

Fredrick Perry

Signature, typed or printed name of registered agent, or both, 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

TITLE D ☒ Delete
NAME LANG, JIMMY
STREET ADDRESS 3198 SW CYPRESS LAKE ROAD
CITY- ST- ZIP LAKE CITY FL 32024

TITLE D ☐ Delete
NAME PRICE, BUSTER
STREET ADDRESS 3601 SW PINEMOUNT RD
CITY- ST- ZIP LAKE CITY FL 32024

TITLE C ☐ Delete
NAME LANG, SHIRLEY
STREET ADDRESS 2884 SW CYPRESS LAKE ROAD
CITY- ST- ZIP LAKE CITY FL 32024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Shirley Lang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-08

Date

386 255 2942

Daytime Phone #