

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

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90060 033 ****61.25

DOCUMENT # N95000005807

1. Entity Name
HEILBRON BAPTIST CHURCH, INC.



Principal Place of Business
5816 NW 230TH STREET
LAWTEY, FL 32058 US

Mailing Address
P.O. BOX 1087
STARKE, FL 32091 US

40021908



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3374940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORMAN, RAY
5816 NW 230TH STREET
LAWTEY, FL 32058

**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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOWDY, NORMAN JR.
STREET ADDRESS	20473 NW SR 16
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	NORMAN, EUGENE
STREET ADDRESS	PO BOX 1264 N/A
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	KING, LOWELL
STREET ADDRESS	20728 NW SR 16
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	NORMAN, RAY
STREET ADDRESS	5816 NW 230 ST
CITY-ST-ZIP	LAWTEY, FL 32058
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2007 (904) 966-6280
Date Daytime Phone #