



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 012 ****61.25

DOCUMENT # N96000003921 1. Entity Name AIRLINE BAPTIST CHURCH, INC.					
Principal Place of Business 300 NE CR 354 MAYO, FL 32066			Mailing Address P.O. BOX 1450 SR-3543-A MAYO, FL 32066		
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 59-2343711	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRAWICK, PAUL 5773 EAST US 27 MAYO, FL 32060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERBY, EVERETT		NAME	Walker, Steve	
STREET ADDRESS	1513 SW CR 300		STREET ADDRESS	P.O. Box 334	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, NORMAN ANDY E JR		NAME	Harris, Mike	
STREET ADDRESS	284 PAMPAS DR		STREET ADDRESS	P.O. Box 1541	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGER, JOHN		NAME	Hewett, Charles B JR	
STREET ADDRESS	PO BOX 811		STREET ADDRESS	1916 NE CR 400	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLADE, ROLLIE		NAME	Hewett, Charles, SR	
STREET ADDRESS	5707 NE CR 354		STREET ADDRESS	P.O. Box 25	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWETT, CHARLES B JR		NAME	Badger, John	
STREET ADDRESS	1916 NE CR 400		STREET ADDRESS	P.O. Box 811	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, DEREK		NAME	Koon, Howell	
STREET ADDRESS	746 NE CR 410		STREET ADDRESS	P.O. Box 207	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
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: 			2-14-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			386-294-276		
			Daytime Phone #		

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2343711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAWICK, PAUL 5773 EAST US 27 MAYO, FL 32060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERBY, EVERETT <input type="checkbox"/> Delete 1513 SW CR 300 MAYO, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, NORMAN ANDY E JR <input type="checkbox"/> Delete 284 PAMPAS DR MAYO, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BADGER, JOHN <input type="checkbox"/> Delete PO BOX 811 MAYO, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLADE, ROLLIE <input type="checkbox"/> Delete 5707 NE CR 354 MAYO, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWETT, CHARLES B JR <input type="checkbox"/> Delete 1916 NE CR 400 MAYO, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, DEREK <input type="checkbox"/> Delete 746 NE CR 410 MAYO, FL 32066				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koon, Kevin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2022 NE CR 400 Mayo, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Land, Wroten <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mayo, FL 32066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					