

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

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N96000004970**

1. Entity Name

**FAITH BIBLE CHURCH OF PORT ST. JOE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**801 20TH STREET  
 PORT ST. JOE FL 32456**

**801 20TH STREET  
 PORT ST. JOE FL 32456**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1648475**

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

**CHISOLM, MICHAEL R  
 801 20TH STREET  
 PORT ST. JOE FL 32456**

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, BILL R	
STREET ADDRESS	1802 MARVIN AVE	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHISHOLM, MICHAEL R	
STREET ADDRESS	1106 LONG AVE	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODFREY, ELMORE	
STREET ADDRESS	209 16TH STREET	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOOLITTLE, BERT	
STREET ADDRESS	401 14TH ST	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUARLES, JACKIE	
STREET ADDRESS	2103 CONSTITUTION DRIVE	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLYN, BILL	
STREET ADDRESS	510 WELDON DRIVE	
CITY-ST-ZIP	PORT ST JOE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000642601	
CITY-ST-ZIP	03/01/07-80051-002 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: \_\_\_\_\_

*Michael R. Chisolm* Michael R. Chisolm 2/16/07 850-229-6707

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

Date

Phone Number