

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005810

FILED
Jan 29, 2008
Secretary of State

Entity Name: LEE FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business:

8157 E US HWY 90
LEE, FL 32059

New Principal Place of Business:

Current Mailing Address:

8157 E US HWY 90
LEE, FL 32059 US

New Mailing Address:

FEI Number: 59-2368706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KINSEY, SIMON A JR
414 NE COUNTY RD 255
LEE, FL 32059 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KINSEY, SIMON A JR
Address: 414 NE COUNTY RD 255
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: MOORE, TOM
Address: 1878 SE COUNTY RD 255
City-St-Zip: LEE, FL 32059

Title: VP () Delete
Name: MILLER, JOEY
Address: 1388 SE COUNTY RD 255
City-St-Zip: LEE, FL 32059

Title: P () Delete
Name: RYE, JAMES
Address: 9481 SW COUNTY RD 143
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: BARRS, EDGAR
Address: P O BOX 194
City-St-Zip: LEE, FL 32059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN ALDERMAN

TREA

01/29/2008

Electronic Signature of Signing Officer or Director

Date