

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000214

FILED  
Aug 13, 2007  
Secretary of State

**Entity Name:** CLEAR SPRINGS BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1284 STATE HIGHWAY 85  
LAUREL HILL, FL 32567

**New Principal Place of Business:**

**Current Mailing Address:**

1284 STATE HIGHWAY 85  
LAUREL HILL, FL 32567

**New Mailing Address:**

**FEI Number:** 59-3420059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOLEY, DARRELL  
2193 CLEARSPRINGS ROAD  
LAUREL HILL, FL 32567 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: T ( ) Delete  
Name: FICKLIN, DONNELL  
Address: 1006 STATE ROAD 85  
City-St-Zip: LAUREL HILL, FL 32567

Title: T ( ) Delete  
Name: FARMER, WADE  
Address: 1281 STATE HWY 85  
City-St-Zip: LAUREL HILL, FL 32567

Title: T ( ) Delete  
Name: FOLEY, JOHN DARRELL  
Address: 2193 CLEAR SPRINGS RD  
City-St-Zip: LAUREL HILL, FL 32567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: LOVERING, MICHAEL  
Address: 753 WINDY HILL ROAD  
City-St-Zip: LAUREL HILL, FL 32567

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: WADE FARMER

T

08/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date