

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

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90055 036 ****61.25

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1. Entity Name

FIRST BAPTIST CHURCH OF SANDERSON, INC.



Principal Place of Business

Mailing Address

229 SOUTH
SANDERSON FL 32087

P.O. BOX 127
SANDERSON FL 32087

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3042461

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

WILSON, JERRY
12132 CLETE HARVEY RD
GLEN ST. MARY FL 32040

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 PD ☐ Delete
NAME WILSON, JERRY
STREET ADDRESS 12132 CLETE HARVEY RD
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RELMADGE, LESLIE
STREET ADDRESS 210 NE FOUR SEASONS DR
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☒ Change ☐ Addition
NAME Leslie, Talmadge
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RICHARDSON, JENNIE M
STREET ADDRESS 5132 RICHARDSON RD
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CHRISTMAS, NINA
STREET ADDRESS 4558 S CR 229
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Nina Christmas

Nina Christmas

02-04-07

904-275-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #