

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 016 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N97000001581</b><br>1. Entity Name<br><b>FIRST BAPTIST CHURCH OF SANDERSON, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>229 SOUTH SANDERSON, FL 32087</b>  |   |   | Mailing Address<br><b>P.O. BOX 127 SANDERSON, FL 32087</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>59-3042461</b>   |  |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILSON, JERRY<br/>12132 CLETE HARVEY RD<br/>GLEN ST. MARY, FL 32040</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Christmas, Nina</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4558 S. County Rd 229</b><br>City <b>Glen St Mary</b> <b>FL</b> Zip Code <b>32040</b> |  |
| 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 <u><i>Nina Christmas</i></u> <u><i>Nina Christmas</i></u> <u><i>01/14/2008</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WILSON, JERRY<br>12132 CLETE HARVEY RD<br>GLEN SAINT MARY, FL 32040     | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>Leslie, Talmadge<br>210 NE Four Seasons Dr<br>Lake City, FL 32055 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>TALMADGE, LESLIE<br>210 NE FOUR SEASONS DR<br>LAKE CITY, FL 32055        | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V/D<br>Gatlin, James<br>2085 Glory Rd<br>Macclenny, FL 32063             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>RICHARDSON, JENNIE M<br>5132 RICHARDSON RD<br>GLEN SAINT MARY, FL 32040 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CHRISTMAS, NINA<br>4558 S CR 229<br>GLEN SAINT MARY, FL 32040           | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>Nina Christmas</i></u> <u><i>Nina Christmas</i></u> <u><i>01/14/2008</i></u> <u><i>904-275-2593</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |  |  |