

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001724**

1. Entity Name  
**FLORIDA CARIBBEAN BAPTIST CONFERENCE  
FOUNDATION, INC.**



Principal Place of Business  
**1326 WYNGATE DRIVE  
LAKELAND, FL 33809 US**

Mailing Address  
**P.O BOX 91865  
LAKELAND, FL 33804 US**



01282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3470276</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SMITH, STEVE  
1326 WYNGATE DR  
LAKELAND, FL 33809**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000921919  
02/19/08-90019-014-61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLICAN, BILL 704 LOBELIA ST BRANDON, FL 33510
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESTERHOFF, DON 404 PALM TREE DR BRANDON, FL 34215
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAKE, RANDY 1634 30TH AVE N ST PETERSBURG, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JOANN J 13965 ROCKRIDGE ROAD LAKELAND, FL 33809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STEVE 1326 WYNGATE DR LAKELAND, FL 33809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Steve Smith*