

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001982

1. Entity Name
EURASIAN BAPTIST MISSION, INC.



Principal Place of Business

**5040 ROLAND RD
PACE, FL 32571**

Mailing Address

**5040 ROLAND RD
PACE, FL 32571**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3460663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLLWAGEN, MICHAEL
219 GREENRIDGE DRIVE
PENSACOLA, FL 32514**

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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

Michael Rollwagen
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAPMAN, ERIC
STREET ADDRESS	5040 ROLAND RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	VD
NAME	ROLLWAGEN, MICHAEL
STREET ADDRESS	219 GREENRIDGE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	SD
NAME	CHAPMAN, STEPHANIE
STREET ADDRESS	5040 ROLAND RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	TD
NAME	LAUTNER, DAVID
STREET ADDRESS	5040 ROLAND RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000634255
02/22/07-80002-013 61.25

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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:

Stephanie Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2007 **850-994-5556**
Date Daytime Phone #