

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002900

1. Entity Name
**FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA,
INC., A NONPROFIT FLORIDA CORPORATION**



Principal Place of Business
**46 9TH STREET
APALACHICOLA, FL 32320**

Mailing Address
**46 9TH STREET
APALACHICOLA, FL 32320**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2182368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, RICHARD B
103 21ST AVE
APALACHICOLA, FL 32320**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHITE, RICHARD B 103 21ST AVE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDLEY, OSCAR 110 SQUIRE RD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, MARJORIE C CLERK 103 21ST AVENUE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMBRO, GREGORY G 1570 LINDEN ROAD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, LARRY 981 WYLONDA AVENUE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVLEET, LOUIS 96 AVE D APALACHICOLA, FL 32320

U00000775629
01/08/08-80037-007 61.25

**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:

Richard B. White **RICHARD B. WHITE** 1-7-08 850-653-9540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #