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

## Mar 14, 2007 8:00 am **Secretary of State** DOCUMENT # N97000006564 03-14-2007 90034 015 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF FREEPORT, FLORIDA, INC. Principal Place of Business Mailing Address 430 KYLEA LAIRD DRIVE 430 KYLEA LAIRD DRIVE FREEPORT FL 32439 FREEPORT FL 32439 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 430 Kulea Laird Dive Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) reeport City & State 4. FEI Number Applied For Exectorl 59-1738911 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRINGTON, GEORGE Street Address (P.O. Box Number is Not Acceptable) 3030 HWY 20 E FREEPORT FL 32439 City 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Detete TITLE Change ☐ Addition NAME FARRINGTON, GEORGE NAME STREET ADDRESS 3030 HWY. 20 EAST STREET ADDRESS CHY-ST-ZIP FREEPORT FL 32439 CITY ST-7IP TITLE ☐ Delete ЩЕ □ Change ■ Addition RENTZ, AUBREY NAME STREET ADDRESS 1164 BAY GROVE ROAD STREET ADDRESS CHY-ST-7IP FREEPORT FL 32439 CITY ST ZIP RILE ☐ Defere ilite. Addition NAME NAME BENNETT, WILLIAM E STREET ADDRESS STREET ADDRESS 115 WESTERN STREET CHY-ST-7(P FREEPORT FL 32439 CBY-S1-7IP THILE ☐ Delete THE ☐ Change D Addition NAME NAME HELMS, MORRIS C STREET ADDRESS 424 WHITFIELD ROAD STREET ADDRESS CITY - ST - 7IP CITY ST ZIP FREEPORT FL 32439 RITE Delete IIIU. ☐ Change ☐ Addition NAM NAMI STREET ADDRESS STREEL ADDRESS CITY ST-ZIP CHY ST 7IP THE ☐ Defete ШЕ ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 eath; 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.

Farrington, George; Registered Agent

SIGNATURE:

**FILED** 

(850) 835-2775