

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

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001501

1. Entity Name

FELLOWSHIP BAPTIST CHURCH OF RAIFORD, INC.



Principal Place of Business

Mailing Address

HWY. 121, P. O. BOX 338
RAIFORD FL 32083

HWY. 121, P. O. BOX 338
RAIFORD FL 32083

2. Principal Place of Business - No P.O. Box #
12790 NE 221ST COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2624700

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPER, JOHN S
100 W. CALL ST.
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRIFFIS, GERALD**
CITY-STATE-ZIP **P. O. BOX 494
RAIFORD FL 32083**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SHADD, LINDA**
CITY-STATE-ZIP **P.O. BOX 310
WORTHINGTON SPRINGS FL 32697**

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **SINGLETARY, GENA**
CITY-STATE-ZIP **P.O. BOX 44
RAIFORD FL 32083**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SINGLETARY, ROY**
CITY-STATE-ZIP **P. O. BOX 44
RAIFORD FL 32083**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000659027**
CITY-STATE-ZIP **03/16/07-80014-014 70.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I 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 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:

Linda Shadd Linda Shadd

3-5-07 386-496-4614