


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90015 008 ****70.00

DOCUMENT # N98000001501	
1. Entity Name FELLOWSHIP BAPTIST CHURCH OF RAIFORD, INC.	

Principal Place of Business HWY. 121, P. O. BOX 338 RAIFORD FL 32083	Mailing Address HWY. 121, P. O. BOX 338 RAIFORD FL 32083
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2624700	Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 reappointing)

DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, GERALD P. O. BOX 494 RAIFORD FL 32083 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHADD, LINDA P.O. BOX 310 WORTHINGTON SPRINGS FL 32697 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SINGLETARY, GENA P.O. BOX 44 RAIFORD FL 32083 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, ROY P. O. BOX 44 RAIFORD FL 32083 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(married Name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linda Norman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Norman Linda Norman 1-29-08 386-496-4614

State of Tennessee

Marriage Certificate

County of Sevier

This certifies that

JOHN CLARENCE NORMAN

DOB: 11/15/1946

and

LINDA RAUCH SHADD

DOB: 10/20/1948

were united by

Rev. James C. Norman

in the

Holy Bonds of Matrimony

on the 22nd day of November

in the year of our Lord 2007, as appears of record in my

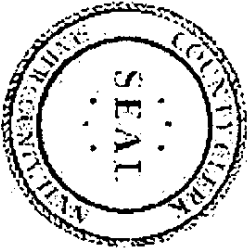
office in Marriage Record Book 651, Page 481

This 21st day of November 2007.

ATTACHMENT

40023319

#N980000 01501



James C. Norman

Sevier County Clerk