

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

2/ **FILED**
Mar 10, 2008 8:00 am
Secretary of State

02-21-2008 90027 024 ****70.00

DOCUMENT # N99000004928 1. Entity Name TRUSTEES, SPRINGFIELD BAPTIST CHURCH, INC.					
Principal Place of Business 3615 EAST THIRD STREET PANAMA CITY, FL 32401			Mailing Address 3615 EAST THIRD STREET PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0976514	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, JAMES W 2726 EAST 19TH COURT PANAMA CITY, FL 32405-7202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LITTLE, JAMES W 2726 EAST 19TH COURT PANAMA CITY, FL 324057202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Warren, Annie C. 3809 E. 9th Street Panama City, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARRELL, JAMES 5811 LAKE DRIVE PANAMA CITY, FL 32404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GLISSON, JAMES 542 POWELL AVENUE PANAMA CITY, FL 32404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
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: <u>James W. Little</u> JAMES W. LITTLE 6 Feb 08 850-785-5041 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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