

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702969

**Entity Name:** THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

**Current Principal Place of Business:**

2112 CENTRAL AVENUE  
COLEMAN, FL 33521

**Current Mailing Address:**

P.O. BOX 421  
2112 CENTRAL AVENUE  
COLEMAN, FL 33521 US

**FEI Number:** 59-2350251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEAULIEU, SARAH  
16025 SE 47TH AVENUE  
SUMMERFIELD, FL 34491 US

*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.*

**SIGNATURE:** SARAH BEAULIEU

02/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BEAULIEU, SARAH  
Address        16025 SE 47TH AVENUE  
City-State-Zip: SUMMERFIELD FL 34491

Title           TRUSTEE  
Name           MOCK, CARMEN  
Address        26922 INDIAN RIDGE DRIVE  
City-State-Zip: YALAHA FL 34797

Title           TRUSTEE  
Name           MOCK, ANDREW  
Address        2112 CENTRAL AVENUE  
City-State-Zip: COLEMAN FL 33521

Title           ELDER  
Name           SUNDAY, CLIFF  
Address        4554 C.R. 508  
City-State-Zip: WILDWOOD FL 34785

Title           CLERK  
Name           SARA, MASON  
Address        515 N. U.S. 301  
City-State-Zip: SUMTERVILLE FL 33585

Title           PRESIDENT  
Name           BRIDGES, BENJAMIN  
Address        3641 E. COUNTY ROAD 468  
City-State-Zip: WILDWOOD FL 34785

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH BEAULIEU

TREASURER

02/20/2021

Electronic Signature of Signing Officer/Director Detail

Date