

**2017 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  
123 SOUTH COMMERCIAL ST.  
COLEMAN, FL 33521 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name BEAULIEU, SARAH  
Address 123 S COMMERCIAL  
City-State-Zip: COLEMAN FL 33521

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

Title T  
Name WYCKOFF, DAVID  
Address 3413 NE 31ST TERRACE  
City-State-Zip: WILDWOOD FL 34785

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

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

Title T  
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 N BEAULIEU

**TREASURER**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date