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

**DOCUMENT# 713179** 

Entity Name: FIRST BAPTIST CHURCH IN MILTON, FLORIDA, INC.

FILED
Mar 09, 2021
Secretary of State
9286706575CC

# **Current Principal Place of Business:**

6797 CAROLINE ST. MILTON, FL 32570

# **Current Mailing Address:**

6797 CAROLINE ST. MILTON, FL 32570

FEI Number: 59-0952636 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GANDY, JULIE 4633 BRIAROAK DRIVE PACE, FL 32571 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: JULIE GANDY 03/09/2021

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	SECRETARY	Title	TRUSTEE, CHAIRMAN
Name	LOWE, ROBERT MR.	Name	LEGGETT, LESLIE
Address	5159 GOSHAWK DRIVE	Address	6683 NICHOLS DR
City-State-Zip:	MILTON FL 32570	City-State-Zip:	MILTON FL 32570

Title TRUSTEE Title TRUSTEE

NameHARRIS, TONYNameMCWILLIAMS, STEVEAddress6600 EMERALD FORREST DRAddress5905 RIDGEVIEW DRCity-State-Zip:MILTON FL 32570City-State-Zip:MILTON FL 32570

Title TRUSTEE Title TRUSTEE

Name SPOONER, RICK Name TIMLIN, WILLIAM

Address 6463 HAMMOCK TRCE Address 10276 NICHOLS LAKE RD

City-State-Zip: MILTON FL 32583 City-State-Zip: MILTON FL 32583

Title TRUSTEE, VC Title TRUSTEE

Name BAKER, ROBYN Name JONES, ANGIE

Address P O BOX 136 Address 4557 CHUMUCKLA HIGHWAY

City-State-Zip: BAGDAD FL 32530 City-State-Zip: PACE FL 32571

## Continues on page 2

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: ROBERT LOWE SECRETARY 03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TRUSTEE

Name LEWIS, MIKE

Address 6700 ROCKY SHORES RD

City-State-Zip: MILTON FL 32583

Title TRUSTEE

Name WILLIAMS, MAX Address 5333 JEREMY DR

City-State-Zip: MILTON FL 32570

Title TRUSTEE

Name STEVENS, DAVE

Address 6187 RIVERCHASE RD

City-State-Zip: MILTON FL 32583