

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

DOCUMENT# 732789

**Entity Name:** FIRST BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3301 DAIRY RD.  
MELBOURNE, FL 32904

**Current Mailing Address:**

3301 DAIRY RD.  
MELBOURNE, FL 32904 US

**FEI Number:** 59-0782447

**Certificate of Status Desired:** No

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

ROWLANDS, PAUL  
765 SEDGEWOOD CIR  
WEST MELBOURNE, FL 32904 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:** PAUL ROWLANDS

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROWLANDS, PAUL  
Address        765 SEDGEWOOD CIRCLE  
City-State-Zip: WEST MELBOURNE FL 32904

Title            VP  
Name            BRYANT, ADAM D  
Address        797 BRISBANE ST  
City-State-Zip: PALM BAY FL 32907

Title            TREASURER  
Name            GARNER, MITCH  
Address        3120 W FLORIDA AVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title            TRUSTEE  
Name            ALMOND, SANDIE J  
Address        377 CORY AVE NE  
City-State-Zip: PALM BAY FL 32907

Title            TR  
Name            PISLE, ROBERT  
Address        1025 WROBEL PLACE  
City-State-Zip: WEST MELBOURNE FL 32904

Title            TR  
Name            EARLS, DEAN  
Address        579 CADILLAC CIRCLE W  
City-State-Zip: MELBOURNE FL 32935

Title            TR  
Name            LINDSAY, JANICE  
Address        530 N RIVERSIDE DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title            C  
Name            WOLFE, DARREN  
Address        781 HUGHES AVENUE NE  
City-State-Zip: PALM BAY FL 32907

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*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:** LAURIE B ANDERSON

ADMIN ASSISTANT

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title C  
Name ANDERSON, LAURIE  
Address 8850 N INDIANA AVENUE  
City-State-Zip: WEST MELBOURNE FL 32904