

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757446

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC9608787389**

**Entity Name:** FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.

**Current Principal Place of Business:**

300 NORTH CENTRAL AVENUE  
FLAGLER BCH., FL 32136

**Current Mailing Address:**

P. O. BOX 839  
FLAGLER BCH., FL 32136

**FEI Number:** 59-2342953

**Certificate of Status Desired:** No

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

TOBER, DEIDRA ANN  
300 NORTH CENTRAL AVENUE  
FLAGLER BCH., FL 32136 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:** DEIDRA TOBER

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DEACON, CO-TRUSTEE  
Name BARR, WILLIAM  
Address 1220 LAMBERT AVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title TREASURER  
Name MILSTEAD, LYNN  
Address 2653 ANNETTE ST.  
City-State-Zip: FLAGLER BEACH FL 32136

Title DEACON  
Name BROWN, ROBERT  
Address 32 BLACK HAWK PL  
City-State-Zip: PALM COAST FL 32137

Title ASST. TREASURER  
Name CANTRELL, JOYCE  
Address 1239 S. CENTRAL AVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title DEACON, CFO  
Name HERNE, DAVID  
Address 13 SEDAN PL  
City-State-Zip: PALM COAST FL 32164

Title CO-TRUSTEE  
Name WILSON, ALICE  
Address 23 TREETOP CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title CO-TRUSTEE  
Name TEATER, NANCY  
Address 111 AVALON AVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title PASTOR  
Name THOMAS, HOWARD CHET  
Address 310 N 5TH STREET  
City-State-Zip: FLAGLER BEACH FL 32136

**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:** DEIDRA TOBER

**SECRETARY**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            TOBER, DEIDRA ANN  
Address         3228 GALT Y CIR.  
City-State-Zip: ORMOND BEACH FL 32174