

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759369

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1077217958**

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

**Current Principal Place of Business:**

447 AVE A  
275 HWY 98  
EASTPOINT, FL 32328

**Current Mailing Address:**

PO BOX 611  
EASTPOINT, FL 32328

**FEI Number: 59-2900266**

**Certificate of Status Desired: No**

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

CARROLL, EVELYN L  
447 AVE A  
EASTPOINT, FL 32328 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 D  
Name SMITH, EDNA  
Address 26 BRIAN ST  
City-State-Zip: EASTPOINT FL 32328

Title D  
Name BROWN, MAX  
Address 25 INDIAN MOUNDS DR.  
City-State-Zip: EASTPOINT FL 32328

Title D  
Name CROSBY, CHARLIE  
Address 102 WHISPERING PINES DR  
City-State-Zip: EASTPOINT FL 32328

Title D  
Name PENDLETON, DORIS  
Address 1199 BLUFF RD  
City-State-Zip: APALACHICOLA FL 32320

Title D  
Name CROSBY, RALPH  
Address 299 TALLAHASSEE ST.  
City-State-Zip: EASTPOINT FL 32328

Title TREA  
Name CARROLL , EVELYN L  
Address 275 HWY 98  
P.O. BOX 195  
City-State-Zip: EASTPOINT FL 32328

*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: EVELYN CARROLL**

**TREASURER**

**01/25/2016**

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

\_\_\_\_\_  
Date