

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

DOCUMENT# N94000000478

**Entity Name:** FIRST BAPTIST CHURCH OF WAKULLA STATION, FL. INC.

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC5544111487**

**Current Principal Place of Business:**

HIGHWAY 363  
WAKULLA STATION, FL 32327

**Current Mailing Address:**

945 WOODVILLE HWY  
CRAWFORDVILLE, FL 32327

**FEI Number: 59-3224108**

**Certificate of Status Desired: No**

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

HERREN, EUNICE  
80 MT ZION RD  
CRAWFORDVILLE, FL 32327 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: EUNICE HERREN**

**02/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name BREG, CASEY SPEARS  
Address 394 DR. MLK JR. MEMORIAL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name FLETCHER, BART  
Address 16 C GUINEVERE LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name OWENS, FRANCES  
Address P. O BOX 6691  
2274 STONEWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32314

Title TRUSTEE  
Name LEWIS, RICHARD KEITH  
Address 1371 WOODVILLE HWY  
City-State-Zip: TALLAHASSEE FL 32305

Title TRUSTEE  
Name KINNEY, PEGGY  
Address 127 SAVANNAH ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name MCCARTHT-SPIKES, ALICE  
Address 768 WOODVILLE HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY/TREASURER  
Name HERREN, EUNICE  
Address 80 MT ZION RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name KEILLOR, JAMIN  
Address 161 DOGWOOD FOREST ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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: EUNICE HERREN**

**AGENT**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date