

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002900

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC5561575618**

**Entity Name:** FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, INC., A  
NONPROFIT FLORIDA CORPORATION

**Current Principal Place of Business:**

46 9TH STREET  
APALACHICOLA, FL 32320

**Current Mailing Address:**

46 9TH STREET  
APALACHICOLA, FL 32320

**FEI Number: 59-2182368**

**Certificate of Status Desired: No**

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

MEDLEY, OSCAR  
110 SQUIRE RD  
APALACHICOLA, FL 32320 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: OSCAR MEDLEY**

**01/14/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MEDLEY, OSCAR  
Address 110 SQUIRE RD  
City-State-Zip: APALACHICOLA FL 32320

Title S  
Name STRATTON, URSULA  
Address P. O. BOX 232  
City-State-Zip: EASTPOIINT FL 32328

Title D  
Name KEMBRO, GREGORY G  
Address 1570 LINDEN ROAD  
City-State-Zip: APALACHICOLA FL 32320

Title D  
Name GRIFFIN, LARRY  
Address 981 WYLONDA AVENUE  
City-State-Zip: EASTPOINT FL 32328

Title D  
Name VANVLEET, LOUIS  
Address 96 AVE D  
City-State-Zip: APALACHICOLA FL 32320

Title TREASURER  
Name CUMBIE, MARY A  
Address 1696 PEACHTREE ROAD  
City-State-Zip: APALACHICOLA FL 32320

*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: MARY A. CUMBIE**

**TREASURER**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date