


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 727864

1. Entity Name
FAITH BAPTIST CHURCH, INC. OF MARIANNA



Principal Place of Business 2494 HWY 71 S MARIANNA, FL 32448 US	Mailing Address 2494 HWY 71 S MARIANNA, FL 32448 US
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DO NOT WRITE IN THIS SPACE



05042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1136254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, TIMOTHY N
 2345 SAPP RD
 COTTONDALE, FL 32431**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000949555
 06/03/08-80032-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OXENDINE, GARY U 3193 ADAMS ST. COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, TIMOTHY 2345 SAPP ROAD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAPP, DALLAS 3888 WHISPERING PINES GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE *Timothy N. Sanders* **Timothy N. Sanders** 5/5/08 (850) 272-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #