

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 727864

**Entity Name:** FAITH BAPTIST CHURCH, INC. OF MARIANNA

**Current Principal Place of Business:**

2494 HWY 71 S  
MARIANNA, FL 32448

**Current Mailing Address:**

2494 HWY 71 S  
MARIANNA, FL 32448 US

**FEI Number:** 33-1136254

**Certificate of Status Desired:** No

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

SANDERS, TIMOTHY N  
2345 SAPP RD  
COTTONDALE, FL 32431 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 T  
Name OXENDINE, GARY U  
Address 3193 ADAMS ST.  
City-State-Zip: COTTONDALE FL 32431

Title PD  
Name SANDERS, TIMOTHY  
Address 2345 SAPP ROAD  
City-State-Zip: COTTONDALE FL 32431

Title TRUSTEE  
Name ELLIS, EARL  
Address 7939 N. W. CO. ROAD 274  
City-State-Zip: ALTHA FL 32421

Title TRUSTEE  
Name GRANGER, BOBBY  
Address 316 MOLINA AVENUE  
City-State-Zip: MARIANNA FL 32448

Title TRUSTEE  
Name COLLIER, TERRY  
Address 4103 HASTY POND ROAD  
City-State-Zip: MARIANNA FL 32448

*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:** TIMOTHY N. SANDERS

**PASTOR DIRECTOR**

**05/19/2015**

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

\_\_\_\_\_  
Date