


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 732331</b> 1. Entity Name FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA, INC.	
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**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 104 SW 12TH AVE LAKE BUTLER, FL 32054	Mailing Address POB 67 LAKE BUTLER, FL 32054
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07182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

MCDAVID, TERRY  
200 NORTH MARION STREET  
LAKE CITY, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

U00000956240  
07/24/08-80004-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MELTON, OTIS 307 S. CHURCH ST. STARKE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OD BRIGHT, BILL 12781 ST RD 100W LAKE BUTLER, FL 32054
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IN THIS SPACE**

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 info empowered.

**SIGNATURE:**  **OTIS MELTON** **7-20-08** **386-496-3384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #