


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90016 043 ****61.25

DOCUMENT # F04000000197

1. Entity Name
THE BAPTIST FOUNDATION OF ALABAMA INCORPORATED



Principal Place of Business
**7650 HALCYON SUMMIT DRIVE
 MONTGOMERY, AL 36117**

Mailing Address
**P.O. BOX 241227
 MONTGOMERY, AL 36124**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 63-0519158	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCLELLAND, EDDIE L
 1320 HENDRICKS AVENUE
 JACKSONVILLE, FL 32207-8621**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**


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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BLEDSOE, BARRY 7132 PINECREST MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRIGGERS, JAMES R 1079 FAWNVIEW RD. MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCO OGBURN, JENNIFER H 250 CULPEPPER ROAD ECLECTIC, AL 36024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTO SMITH, PAUL PAULA K. 30 JASMINE HOLLOW ROAD WETUMPKA, AL 36093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDALL, J. THOMAS 822 BRIDLEWAY CT. PIKE ROAD, AL 36064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, GEORGE B 202 WINCHESER WAY PRATTVILLE, AL 36067

DO NOT WRITE 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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 334-394-2006
Date Daytime Phone #