


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90035 019 \*\*\*\*61.25

**DOCUMENT # N10516**  
 1. Entity Name  
**FAITH BIBLE BAPTIST CHURCH INC.**



Principal Place of Business Mailing Address  
 PO BOX 678 PO BOX 678  
 P.O. BOX 678 P.O. BOX 678  
 CENTURY FL 32535 CENTURY FL 32535

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **63-6104252** Applied For  
 Not Applicable

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



1st MOORE CR2E037 (10/06)

**6. Name and Address of Current Registered Agent**  
 STOKES, GENE  
 6840 BRATT ROAD  
 (PO BOX 678)  
 CENTURY FL 32535

**7. Name and Address of New Registered Agent**  
 Name **ROBERT K. BARROW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2141 WEST HWY. 4 (P.O. Box 678)**  
 City **CENTURY** FL Zip Code **32535**

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 *Robert K. Barrow* DATE **3/4/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
T	BONDURANT, JEREMY	5346 JOHN LOWERY RD.	JAY FL 32565	<input type="checkbox"/>
T	GODWIN, MARCUS	111 COX RD.	MC DAVID FL 32568	<input type="checkbox"/>
T	THOMPSON, CLIFF	760 BRIGGS BLVD	CENTURY FL	<input type="checkbox"/>
T	THOMPSON, COLLIN	206 CHURCH STREET	FLOMATON AL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	HUTTO, MIKE	208 MARY STREET	JAY, FL 32565	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cliff Thompson* DATE: **3-4-07** 251-296-4684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #