

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 012 ****70.00

DOCUMENT # 710641

1. Entity Name

FIRST BAPTIST CHURCH OF ROCKLEDGE, FLORIDA,
INC.



Principal Place of Business

1810 CEDAR STREET
ROCKLEDGE FL 32955

Mailing Address

1810 CEDAR STREET
ROCKLEDGE FL 32955

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1150446

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPER, RICHARD L
1409 COLLEGE AVE.
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Clarence T. Massey

Street Address (P.O. Box Number is Not Acceptable)

978 Demaret Dr.

City

Rockledge

FL

Zip Code

32955

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

CLARENCE T. MASSEY

Clarence T. Massey

02/04/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PIPER, RICHARD L	
STREET ADDRESS	1409 COLLEGE AVE.	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CYRUS, RAY	
STREET ADDRESS	525 RCKLEDGE DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	SD	<input type="checkbox"/> Delete
NAME	POOR, J. WALLACE	
STREET ADDRESS	958 BAYWARD PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, Clarence T.	
STREET ADDRESS	978 Demaret Dr.	
CITY-ST-ZIP	Rockledge, FL 32955	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOR, J. Wallace	
STREET ADDRESS	958 Bayward Place	
CITY-ST-ZIP	Rockledge, FL 32955	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, Tom	
STREET ADDRESS	875 Yorktowne Dr.	
CITY-ST-ZIP	Rockledge, FL 32955	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, Richard	
STREET ADDRESS	1377 Byrd Court	
CITY-ST-ZIP	Rockledge, FL 32955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 CLARENCE T. MASSEY *Clarence T. Massey* 02/04/2006 (71) 127 1188