


**2006 NOT-FOR-PROFIT-CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727710**  
1. Entity Name  
SYDNEY BAPTIST CHURCH, INC.



Principal Place of Business      Mailing Address  
1510 CRE RD      P.O. BOX 430  
DOVER, FL 33527 US      SYDNEY, FL 33587



01102006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
59-1849798      Not Applicable

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

6. Name and Address of Current Registered Agent

FRINK, RONALD W  
13017 US 92 E  
DOVER, FL 33527

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 re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRINK, RONALD W
STREET ADDRESS	13017 US 92 E
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	WALL, HOMER
STREET ADDRESS	2719 N. DOVER RD.
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	MCCLELLAND, WILLIAM
STREET ADDRESS	4005 GALLAGHER RD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404059  
02/06/06-80031-014 61.25

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:** *Ronald W. Frink*      1/15/06      813 659 2863

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