2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 734674

1. Entity Name
SIMMON'S BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
7039 E HWY 318 CITRA, FL 32113 US	P.O. BOX 263 CITRA, FL 32113 US

04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2246965
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATCHETT, RUSSELL
22800 NE 76TH TERRACE ROAD
CITRA, FL 32113

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

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	PD
NAME	MATCHETT, RUSSELL
STREET ADDRESS	22800 NE 76TH TERRACE ROAD
CITY-ST-ZIP	CITRA, FL 32113
TITLE	D
NAME	WALDRON, HOYT E
STREET ADDRESS	PO BOX 248
CITY-ST-ZIP	CITRA, FL 32113
TITLE	D
NAME	THOMPSON, ROGER D
STREET ADDRESS	22501 NE 77TH TERRACE ROAD
CITY-ST-ZIP	CITRA, FL 32113
TITLE	D
NAME	NELSON, WILMA
STREET ADDRESS	967 S. COUNTY ROAD 21
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	S
NAME	MCMILLAN, FRANCIS
STREET ADDRESS	P.O. BOX 122
CITY-ST-ZIP	CITRA, FL 32113
TITLE	T
NAME	HUGHES, PATRICIA
STREET ADDRESS	P.O. BOX 616
CITY-ST-ZIP	CITRA, FL 32113

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05/09/06-80111-005 70.00

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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: Russell Matchett Russell Matchett 04-26-06 1-352-546-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #