


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 760110
1. Entity Name
FOWLERS BLUFF BAPTIST CHURCH, INC.



Principal Place of Business
4310 NW 152 AVE
CHIEFLAND, FL 32626 US

Mailing Address
P O BOX 98
CHIEFLAND, FL 32644 US



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIS, WAYNE
7048 NW 118TH LN
CHIEFLAND, FL 32626

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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

11111010399845
02/01/06-80030-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUMMOND, C.D.
STREET ADDRESS	15677 NW 46 LANE
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	TD
NAME	SHACK, ARTHUR
STREET ADDRESS	6650 NWE CR 347
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	VD
NAME	WILLIS, WAYNE
STREET ADDRESS	7048 NW 118TH LN
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: WAYNE WILLIS *Wayne Willis* 1-22-06 (852) 493 2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #