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

## Apr 04, 2006 8:00 am Secretary of State DOCUMENT # 762311 04-04-2006 90146 033 \*\*\*\*61.25 1. Entity Name FIRST BAPTIST CHURCH OF TRENTON, INC. Principal Place of Business Mailing Address HWY, 26 AT N.E. 2ND ST. PO BOX 293 TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1437448 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSH, WILBUR C. Street Address (P.O. Box Number is Not Acceptable) 402 S.W. 5TH AVE. TRENTON FL 32693 City Zip Code 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE D Change Addition BRADLEY, CLIFTON NAME William Park NAME HWY 26 WEST STREET ADDRESS 2609 SW CR 307-A STREET ADDRESS City-St-7IP TRENTON FL Trenton, Fl. 32693 CITY-ST-7IP TITLE ☐ Delete TITLE D ☐ Change ■ Addition SCOTT, LOIS NAME NAME Fate Seay SO OF HWY 26 STREET ADDRESS STREET ADDRESS 6530 SW 70th St TRENTON FL CITY-ST-ZIP CITY-ST-ZIE Trenton, Fl. 32693 PDTITLE ☐ Delete ☐ Change ☐ Addition NAME BUSH, WILBUR C. NAME STREET ADDRESS 402 S.W. 5TH AVENUE STREET ADDRESS CITY-ST-ZIP TRENTON FL CITY-ST-7IP TITLE ☐ Delete TELLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Lois W. Scott 3-30-06 352-463. 2207

Change

☐ Addition

**FILED**