

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

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 837910

1. Entity Name
SOUTHERN BAPTIST FOUNDATION INCORPORATED



Principal Place of Business
**901 COMMERCE STREET
STE 600
NASHVILLE, TN 37203-3697**

Mailing Address
**901 COMMERCE STREET
STE 600
NASHVILLE, TN 37203-3697**



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0508097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOREMAN, MICHAEL L.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	CTR
NAME	CHAPMAN, MORRIS H
STREET ADDRESS	901 COMMERCE ST
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	P
NAME	WEEKS, MICHAEL W
STREET ADDRESS	901 COMMERCE ST
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	S
NAME	CAMMUSE, MARGARET D
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	NASHVILLE, TN
TITLE	VP
NAME	ALBRIGHT, FAYE S.
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	NASHVILLE, TN 372033697
TITLE	T
NAME	GARNER, JULY C
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	NASHVILLE, TN 372033697
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508726
04/28/06-80011-024 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

615-254-8823

Date

Daytime Phone #