

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000044

FILED
Apr 01, 2006
Secretary of State

Entity Name: FIRST COMMUNITY CHURCH OF PALMETTO INC.

Current Principal Place of Business:

1107 29TH STREET EAST
PALMETTO, FL 342212413

New Principal Place of Business:

Current Mailing Address:

PO BOX 156
PALMETTO, FL 342200156

New Mailing Address:

PO BOX 156
PALMETTO, FL 342210156

FEI Number: 65-0988515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMALLEY, JESSE H
3814 HARROGATE DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: KATHY, CLEMONS D
Address: 719 29TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: CARTER, OLIN
Address: 1413-26TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: LUCAS, BOBBY
Address: 3312-5TH DRIVE WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: MURRAY, FLOYD
Address: 503-25TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: ROBINSON, GWENEVERE L
Address: 1810 14TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: WILLIAMS, GEORGE W
Address: 1319 33RD ST. EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY D CLEMONS

ST

04/01/2006

Electronic Signature of Signing Officer or Director

Date