


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

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 010 ****61.25

DOCUMENT # N00000000505
1. Entity Name
NORTHWEST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2335 INDUSTRIAL DR.
PANAMA CITY FL 32405** **2335 INDUSTRIAL DR.
PANAMA CITY FL 32405**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1420777 Not Applicable

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



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**BROWNING, C. HOWARD
2335 INDUSTRIAL DR.
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent
Name **Rev. James Robinett**
Street Address (P.O. Box Number is Not Acceptable)
2335 Industrial Drive
City **Panama City** FL Zip Code **32405**

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 **James Robinett** *James W. Robinett* **2-15-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TILLMAN, VIRGIL 9206 KINGSWOOD RD PANAMA CITY FL 32409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TILLMAN, VIRGIL 9206 KINGSWOOD RD. PANAMA CITY FL 32409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELLISON, MARCIA A 2335 INDUSTRIAL DR. PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGES, J E 1917 POSTOIN DR PANAMA CITY FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINETTE, JAMES 2335 INDUSTRIAL DRIVE PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM KUHN, RANDY 835 S. BERTHA AVE PANAMA CITY FL 32404	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Moderator Tim moffett, Rev 216 College Ave Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clerk Amanda Morris 2335 Industrial Dr. Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moderator Randy Kuhn 835 S. Bertha Ave. Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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.

SIGNATURE: *James W. Robinett* **2-15-06** **850-785-3115**