

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50631

FILED
Jan 03, 2006
Secretary of State

Entity Name: FLORIDA BAPTIST CONVENTION, INC.

Current Principal Place of Business:

1230 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1230 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-0766980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, T G JOHN
1230 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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: VD () Delete
Name: HUCKABEE, RANDY D
Address: 401 SOUTHWEST FOURTH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD () Delete
Name: BRYANT, BEN P
Address: 7881 STATE ROAD 21
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S () Delete
Name: SULLIVAN, T G JOHN,
Address: 1230 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: OWENS, GLEN E,
Address: 1230 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: ADAMS, GAIL
Address: 1650 17TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: BAUMGARDNER, STEPHEN, S L.
Address: 1230 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

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: T G JOHN SULLIVAN

S

01/03/2006

Electronic Signature of Signing Officer or Director

Date