


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002433
 1. Entity Name
 FIRST BAPTIST CHURCH OF WALDO, INC.



Principal Place of Business Mailing Address
 114370 KENNARD STREET POST OFFICE BOX 216
 WALDO, FL 32694 WALDO, FL 32694

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04232006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 59-1864019 Not Applicable

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

6. Name and Address of Current Registered Agent
 DUBOIS, JAMES
 82 N.W. 2ND STREET
 WALDO, FL 32694

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

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	T
NAME	CONELY, ANDREW
STREET ADDRESS	10421 N.E. 81 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	T
NAME	BOWERS, HERMAN
STREET ADDRESS	17015 NE CR 1471
CITY-ST-ZIP	WALDO, FL 32694
TITLE	T
NAME	BROOKER, BETTY
STREET ADDRESS	162 SE 1ST AVE.
CITY-ST-ZIP	WALDO, FL 32694
TITLE	P
NAME	DUBOIS, JAMES REV.
STREET ADDRESS	82 N.W. 2ND STREET
CITY-ST-ZIP	WALDO, FL 32694
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/06/06-80040-004 61.25

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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:  4-24-06 352-468-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #