2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737083

FILED Mar 09, 2006 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF WILDWOOD, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RD STREET DD, FL 34785				
Current Mailing Address:			New Mailir	New Mailing Address:	
	RD STREET DD, FL 34785				
FEI Number:	: 59-1384643	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	UTH A NTY ROAD 11 DD, FL 34785	4 US			
	named entity s e of Florida.	submits this statement for the pu	urpose of changing it	s registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ATTAWAY, CRA 313 HALL STRE WILDWOOD, F	EET	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP () WILLIAMS, GAF P. O. BOX 365 OXFORD, FL 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () SUBER, RUTH A 4898 COUNTY I WILDWOOD, F	ROAD 114	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GASKINS, RICH 13302 COUNTY OXFORD, FL 3	ROAD 200	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SUBER, BILLY 9317 CR 125 D WILDWOOD, F		Title: Name: Address: City-St-Zip:	D (X) Change () Addition COLEMAN, BRIAN 5008 COUNTY ROAD 125A WILDWOOD, FL 34785	
Title: Name: Address: City-St-Zip:	S () TYLER, SARAH 509 BARWICK WILDWOOD, F	STREET	Title: Name: Address: City-St-Zip:	S (X) Change () Addition TYLER, SARAH L 356 CARRIAGE LANE LADY LAKE, FL 32159	

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: RUTH ANN SUBER S 03/09/2006