

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19155

FILED  
Apr 02, 2006  
Secretary of State

**Entity Name:** INDIANTOWN BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

15457 SW 150TH STREET  
P.O. BOX 396  
INDIANTOWN, FL 349563323 US

**New Principal Place of Business:**

**Current Mailing Address:**

15457 S.W. 150 STREET  
P.O. BOX 396  
INDIANTOWN, FL 349563323 US

**New Mailing Address:**

**FEI Number:** 59-1310764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDEN, CLARENCE H  
16248 SW INDIANWOOD CIRCLE  
INDIANTOWN, FL 34956 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: D ( ) Delete  
Name: GOLDEN, CLARENCE H  
Address: 16248 SW INDIANWOOD CIRCLE  
City-St-Zip: INDIANTOWN, FL 34956

Title: VD ( ) Delete  
Name: MCALLISTER, LYTELL  
Address: 16401 PALOMINO STREET PO BOX 253  
City-St-Zip: INDIANTOWN, FL 34956

Title: SD ( ) Delete  
Name: GREEN, MYRTLE  
Address: 14402 SW DIVOT DR  
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete  
Name: CARRIER, WORLEY  
Address: 8525 SW KANNER HWY  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: GREEN, MYRTLE  
Address: 16208 SW INDIANWOOD CIRCLE  
City-St-Zip: INDIANTOWN, FL 34956

Title: D (X) Change ( ) Addition  
Name: WORTH, ERNIE  
Address: 16346 SW THREE WOOD WAY  
City-St-Zip: INDIANTOWN, FL 34956

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: MYRTLE GREEN

D

04/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date