


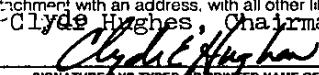


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90192 019 ****61.25

DOCUMENT # 700361 1. Entity Name THE FIRST BAPTIST CHURCH OF CONWAY, INC.					
Principal Place of Business 4000 S. CONWAY ROAD ORLANDO, FL 32812-5050		Mailing Address 4000 S. CONWAY ROAD ORLANDO, FL 32812-5050			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1110624	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required --	
6. Name and Address of Current Registered Agent DAVIS, HILTON 3411 SANTA MONICA DRIVE ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name Clyde Hughes Street Address (P.O. Box Number is Not Acceptable) 4287 Lillian Hall Lane City Orlando, FL Zip Code 32812	
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					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCKER, MARY <input type="checkbox"/> Delete 6154 MARY LYNN CT ORLANDO, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT AMBURGEY, ED <input checked="" type="checkbox"/> Delete 2009 S. OSCEOLA AVENUE ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cecil Reaves <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 Atrium Drive Orlando, FL 32822 CT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, HILTON <input checked="" type="checkbox"/> Delete 3411 SANTA MONICA DRIVE ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clyde Hughes 4287 Lillian Hall Lane Orlando, FL. 32812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: 		Clyde Hughes, Chairman Deacons		1-8-06 407-275-7343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					