


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 703084

1. Entity Name
CANAL POINT MISSIONARY BAPTIST CHURCH



Principal Place of Business Mailing Address

**37061 1ST ST
 CANAL POINT, FL 33438** **POST OFFICE BOX 235
 P.O. BOX 235
 CANAL POINT, FL 33438 US**

DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0963778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAIRSEY, RONNIE
 37287 OKEECHOBEE AVE
 CANAL POINT, FL 33438**

DO NOT WRITE IN THIS SPACE

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**

B. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000491010
 14/19/06-80006-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRSEY, RONNIE 37287 OKEECHOBEE AVE CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCVEY, BARBARA 12355 LAKESHORE DRIVE CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, TERYL 12710 N. EVERGLADES ST CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Barbara McVey* *Barbara McVey* *3-30-06* *561-994-7546*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #