

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90088 021 \*\*\*\*61.25

**DOCUMENT # 704028**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF COTTONDALE, INC.**



Principal Place of Business Mailing Address  
**POST OFFICE BOX 128** **POST OFFICE BOX 128**  
**MAIN AND PARK STREET** **MAIN AND PARK STREET**  
**COTTONDALE FL 32431** **COTTONDALE FL 32431**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-2326155** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~DIESNER, BRUCE~~  
~~2656 HENDERSON RD~~  
~~COTTONDALE FL 32431~~

7. Name and Address of New Registered Agent  
 Name **Mike Jones**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1978 Braxton Road**  
 City **Cottondale** FL Zip Code **32431**

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 Michael Jones DATE **4/6/2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TATE, DANNY</b>	
STREET ADDRESS	<b>1678 PENNY RD.</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REEVES, DOYLE</b>	
STREET ADDRESS	<b>3188 MAIN STREET</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMERFORD, GAINER</b>	
STREET ADDRESS	<b>2656 HENDERSON RD.</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, MIKE</b>	
STREET ADDRESS	<b>1978 BRAXTON RD.</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIESNER, BRUCE</b>	
STREET ADDRESS	<b>2886 BUTTERCUP LANE</b>	
CITY-ST-ZIP	<b>COTTONDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAPP, WALLACE E</b>	
STREET ADDRESS	<b>195 COMPASS LAKE DRIVE</b>	
CITY-ST-ZIP	<b>ALFORD FL 32420</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deacon Braxton, James G.</b>	
STREET ADDRESS	<b>3210 Magnolia Street</b>	
CITY-ST-ZIP	<b>Cottondale, FL 32431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael Jones DATE **4/6/2006**