2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704189

FILED Jan 05, 2006 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF OZONA-PALM HARBOR, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
610 PENNSYLVANIA AVE P.O. BOX 338 OZONA, FL 34660		610 PENNSYLVANIA AVE P.O. BOX 339 OZONA, FL 34660			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
610 PENNSYLVANIA AVE P.O. BOX 338 OZONA, FL 34660		610 PENNSYLVANIA AVE P.O. BOX 339 OZONA, FL 34660			
El Number	r: 59-2125607	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
	NSYLVANIA AV FL 34660 US	_			
	e named entity se of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
	e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
n the Stat	e of Florida. RE:	submits this statement for the particles of Registered Agric Signature of Registered Agr		ered office or registered agent, or both Date	
n the Stat SIGNATU	e of Florida. RE:	ic Signature of Registered Ag	ent		
n the Stat SIGNATU	e of Florida. RE:Electror S AND DIREC	ic Signature of Registered Ago TORS: Delete L IGTON CIRCLE	ent	Date	
n the Stat BIGNATU DFFICER Title: Name: Address:	e of Florida. RE: Electror S AND DIREC T () SUMMERS, BIL 4378 WORTHIN PALM HARBOR	ic Signature of Registered Agr TORS: Delete L IGTON CIRCLE I, FL 34685 Delete S VANIA AVE	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO	
n the Stat BIGNATU DFFICER Title: Name: Nddress: City-St-Zip: Title: Name: Name: Nddress:	e of Florida. RE: Electror S AND DIREC T () SUMMERS, BIL 4378 WORTHIN PALM HARBOR P () KIRK, DOUGLA 613 PENNSYLV PALM HARBOR	ic Signature of Registered Agr TORS: Delete LL IGTON CIRCLE I, FL 34685 Delete S /ANIA AVE I, FL 34683 Delete /ICHAEL	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	

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: DIANE CAMPBELL S 01/05/2006