

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 704573

1. Entity Name
FIRST BAPTIST CHURCH OF NOCATEE, INC.



Principal Place of Business
HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US

Mailing Address
HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2338370

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, LESLIE R
NEVERSAIL AVE
NOCATEE, FL 34268**

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILSON, MARY A
NEVERSAIL AVE
NOCATEE, FL 34268**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, LESLIE R
NEVERSAIL AVE
NOCATEE, FL 34268**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCALL, FRANCIS E
760 LAKE JUNE RD
LAKE PLACID, FL 33862**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOTT, BRUCE A
LANGFORD ST
ARCADIA, FL 34268**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAPENTER, TIM
CARLTON ROAD
NOCATEE, FL 34268**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000497022
04/22/06-80037-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Mary Ann Wilson* **Mary Ann Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

863-990-3587
Daytime Phone #