

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 037 ****70.00

DOCUMENT # 704711



1. Entity Name
FIRST BAPTIST CHURCH OF FERNANDINA, FLORIDA

Principal Place of Business
416 ALACHUA STREET
POST OFFICE BOX 1099
FERNANDINA BEACH, FL 32035 US

Mailing Address
416 ALACHUA STREET
POST OFFICE BOX 1099
FERNANDINA BEACH, FL 32035 US

60007890



01172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0931262		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BECKHAM, DAVID H. 416 ALACHUA STREET FERNANDINA BEACH, FL 32034				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, GAIL			NAME			
STREET ADDRESS	702 BONNIE VIEW RD			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	QUARTERMAN, JIM			NAME	SKOROPAT, Philip		
STREET ADDRESS	70 GREEN HERON WAY			STREET ADDRESS	1654 PLANTATION OAKS LANE		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODING, JOSEPH			NAME			
STREET ADDRESS	108 SOUTH 20TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRADDOCK, TOM			NAME	WATSON, Willie		
STREET ADDRESS	1628 SOUTH FLETCHER AVE.			STREET ADDRESS	329 STANLEY DRIVE		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, STEVE			NAME			
STREET ADDRESS	1822 HIGHLAND DR			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODEFFER, HENRY			NAME			
STREET ADDRESS	1706 PARK AVE			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			

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: Steve Simmons TRUSTEE Date: 1/25/06 Daytime Phone #: 904-261-3617