

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

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 009 ****61.25

DOCUMENT # 704736

1. Entity Name
FIRST BAPTIST CHURCH OF PINE CASTLE, FLORIDA,
INC.



Principal Place of Business
FLORIDA, INC.
1001 HOFFNER AVENUE
ORLANDO, FL 32809

Mailing Address
FLORIDA, INC.
1001 HOFFNER AVENUE
ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0799915	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURKHALTER, DR. WILLIAM
1001 HOFFNER AVENUE
ORLANDO, FL 32809

**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	TD
NAME	MORRIS, TOM
STREET ADDRESS	2418 LANDO LANE
CITY - ST - ZIP	ORLANDO, FL 32806

TITLE	S
NAME	MOULTON, JOANN
STREET ADDRESS	2938 LAKE PINELOCH BLVD
CITY - ST - ZIP	ORLANDO, FL 32806

TITLE	MD
NAME	KEY, REV GEORGE T
STREET ADDRESS	3800 WYLDWOODE LANE
CITY - ST - ZIP	ORLANDO, FL 32806

TITLE	D
NAME	MELOON, WALT N
STREET ADDRESS	6109 MATCHETTE RD
CITY - ST - ZIP	ORLANDO, FL 32809

TITLE	D
NAME	TIMS, AL
STREET ADDRESS	5617 PALMWOOD CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32839

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: **William Burkhalter, Senior Pastor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(404-855-
4741