

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

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 705371 1. Entity Name THE FIRST BAPTIST CHURCH OF BELLE GLADE, FLORIDA, INC.	
---	---

Principal Place of Business DA, INC. (THE) 17 N.W. AVENUE B BELLE GLADE, FL 33430 US	Mailing Address DA, INC. (THE) 17 N.W. AVENUE B BELLE GLADE, FL 33430 US
---	---



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 59-0917300	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent SHIVER, MICHAEL W 640 S.E. 7TH DRIVE BELLE GLADE, FL 33430

**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 resigning) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

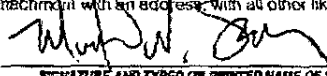
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC SHIVER, MICHAEL 864 FLEMING DRIVE BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMBAUGH, CURTIS P.O. BOX 1388 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLDS, H. GARY 318 NE 7TH ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000437582
02/28/06-80049-003 61.25

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06
Date Daytime Phone #