

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

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706353**

1. Entity Name

FIRST BAPTIST CHURCH OF LAKE BUTLER, INC.



Principal Place of Business

195 EAST MAIN STREET  
LAKE BUTLER, FL 32054

Mailing Address

195 EAST MAIN STREET  
LAKE BUTLER, FL 32054



02232006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1840600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, SAUNDERS  
195 EAST MAIN STREET  
LAKE BUTLER, FL 32054

**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  
JOHNSON, LISA  
195 EAST MAIN ST.  
LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GORDON, GENE  
195 EAST MAIN ST.  
LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PETTIT, DON  
195 EAST MAIN ST.  
LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NORMAN, RANDALL  
195 EAST MAIN STREET  
LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTON, BOBBY  
195 EAST MAIN STREET  
LAKE BUTLER, FL 32054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SAUNDERS, STEVE  
195 E MAIN STREET  
LAKE BUTLER, FL 32054

1100000447809  
03/08/06-20071-017 \$1.25

**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

2/23/06

3864963331

2019

Daytime Phone #