



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

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 707127		
1. Entity Name BALM MISSIONARY BAPTIST CHURCH, INC.		
Principal Place of Business BALM WIMAUMA ROAD BALM, FL 33503	Mailing Address P O BOX 8 BALM, FL 33503 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUTTS, JOHN A 16605 OWENS RD WIMAUMA, FL 33598		01232006 No Chg-NP CRZE037 (11/05) 4. FEI Number 59-1057192 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reissuing) DATE _____</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOX, RONNIE KEENE RD LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTS, JOHN 16605 OWENS RD WIMAUMA, FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; margin-bottom: 10px;">U00000467968 03/24/06-80013-010 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		Date 1-29-06 Daytime Phone # 813-633-2258