

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 033 ****61.25



DOCUMENT # 707296

1. *Entity Name

FIRST BAPTIST CHURCH WINTER HAVEN FLORIDA

Principal Place of Business

198 WEST CENTRAL AVE
WINTER HAVEN FL 33880

Mailing Address

198 WEST CENTRAL AVE
WINTER HAVEN FL 33880

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE CR2E037 (10/05)

4. FEI Number

59-0766974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, JACK
1014 EDGEWATER DR
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jack Cannon
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/06

FILE NOW: 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

TITLE	C	<input type="checkbox"/> Delete
NAME	CANNON, JACK	
STREET ADDRESS	1014 EDGEWATER DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TR	<input type="checkbox"/> Delete
NAME	THRELKELD, CLIFF	
STREET ADDRESS	1324 E LAKE CANNON DR. NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCMILLAN, RALPH	
STREET ADDRESS	57 MORNINGSIDE RD., N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HARPER, BUD (EUGENE)	
STREET ADDRESS	2609 CREST DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meigs, Dennis	
STREET ADDRESS	818 22nd St. NW	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Jack Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06