

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708394

FILED
Apr 12, 2006
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF MIMS, INCORPORATED

Current Principal Place of Business:

2395 KENTUCKY AVE
MIMS, FL 32754 US

New Principal Place of Business:

Current Mailing Address:

2395 KENTUCKY AVE
MIMS, FL 32754 US

New Mailing Address:

FEI Number: 59-0992910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARE, CAMDEN R
3610 GRANTLINE RD., E.
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARE, CAMDEN R
Address: 3610 GRANTLINE RD. EAST
City-St-Zip: MIMS, FL

Title: SD () Delete
Name: SHEALY, J.T.
Address: 2111 TURPENTINE RD POB84
City-St-Zip: MIMS, FL

Title: TD () Delete
Name: BIERMAN, LARRY
Address: 4570 N. US #1
City-St-Zip: MIMS, FL

Title: V () Delete
Name: KEY, KIRBY
Address: 3013 DEVON CT
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHEALY, J.T.
Address: PO BOX 84
City-St-Zip: MIMS, FL 32754

Title: TD (X) Change () Addition
Name: BIERMAN, LARRY
Address: 4570 N. US #1
City-St-Zip: MIMS, FL 32754

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMDEN R. BARE

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date