
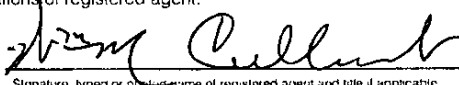



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90050 016 ****61.25

DOCUMENT # 708481					
1. Entity Name FIRST BAPTIST CHURCH OF BROOKSVILLE, FLORIDA					
Principal Place of Business 420 NORTH HOWELL POST OFFICE BOX 1630 BROOKSVILLE FL 34605-8630		Mailing Address PO BOX 1630 BROOKSVILLE FL 34605-1630 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0711168	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, JAMES 366 GARFIELD AVE MARSARYKTOWN FL 34604			7. Name and Address of New Registered Agent Name CULLUM, WM. M., SR. Street Address (P.O. Box Number is Not Acceptable) 21253 Yontz Road #26 City Brooksville FL 35601-1646		
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 				DATE 01/30/06	
FILE NOW - 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CARTER, JAMES 366 GARFIELD AVENUE MASARYKTOWN FL 34604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC CULLUM, WM. M., SR. 21253 Yontz Road #26 Brooksville, FL 34601-1646 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIKKINEM, NICK 196 LARK AVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIKKINEM, NICK 196 LARK AVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIDD, JOHN 23135 Selkirk Avenue Brooksville, FL 34601-5113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, JERRY 26342 WHIPPERWILL STREET BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JERRY 26342 WHIPPERWILL STREET BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAND, ARTHUR 10065 Weatherly Road Brooksville, FL 34601-5053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOEBEL, PHILIP 12375 SUNSET WOODS DR SPRING HILL FL 34609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOEBEL, PHILIP 12375 SUNSET WOODS DR SPRING HILL FL 34609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHAW, STEWART 105 Dogwood Drive Brooksville, FL 34601-2212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOHNEVA 9722 E LAZY OAK DR FLORAL CITY FL 34436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOHNEVA 9722 E LAZY OAK DR FLORAL CITY FL 34436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIKKINEN, NICK 196 Lark Avenue Brooksville, FL 34601-1314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JERRY 26342 Whipperwill Street Brooksville, FL 34601-4235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALKER, JERRY 26342 Whipperwill Street Brooksville, FL 34601-4235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

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:  (WM M Cullum Sr) TRUSTEE CHAIRMAN
 DATE: **01/30/06**