## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708711** 

FILED Jan 11, 2006 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

300 S. MAIN ST. P O BOX 367 (338230367) AUBURNDALE, FL 338231102 US

Current Mailing Address: New Mailing Address:

300 S. MAIN ST. P O BOX 367 (338230367) AUBURNDALE, FL 338231102 US

FEI Number: 59-0637835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINGO, SHANE

229 SPARKLING COURT

AUBURNDALE, FL 33823 US

SMITH, JAMES R

116 OWEN CIRCLE, N.

AUBURNDALE, FL 33823 US

AUBURNDALE, FL 33823 US

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: JAMES R. SMITH 01/11/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change () Addition Name: STRICKLER, JOE Name:

 Name:
 STRICKLER, JOE
 Name:

 Address:
 660 E. THELMA STREET
 Address:

 City-St-Zip:
 LAKE ALFRED, FL 33850
 City-St-Zip:

Title: PCD ( ) Delete Title: PCD (X) Change ( ) Addition Name: WINGO, SHANE Name: SMITH, JAMES R

Address: 229 SPARKLING COURT Address: 116 OWEN CIRCLE, N.
City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 COLSTON, KAREN
 Name:
 WOODARD, MARJORIE D

 Address:
 1707 BRYÁN LANE
 Address:
 504 MANDY STREET

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

Title: VCD ( ) Delete Title: VCD (X) Change ( ) Addition

 Name:
 SMITH, JAMES R
 Name:
 WINGO, SHANE

 Address:
 116 OWEN CIRCLE, N.
 Address:
 229 SPARKLING COURT

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

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: JAMES R. SMITH PCD 01/11/2006