

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709053

FILED
Jan 06, 2006
Secretary of State

Entity Name: DANIELS ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

5878 DANIELS PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5878 DANIELS PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 59-2350694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, STANLEY
11170 CARAVEL CIRCLE #302
FORT MYERS, FL 33908 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: D () Delete
Name: RUFF, JOHN
Address: 858 HATCHEE VISTA DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: ROSS, CHARLEY
Address: 7150 GOLDEN EAGLE CT. #223
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: EULER, TIM
Address: 10006 SKYVIEW WAY #203
City-St-Zip: FORT MYERS, FL 33913

Title: CD () Delete
Name: HAYNES, STANLEY
Address: 11170 CARAVEL CIRCLE #302
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: ALEXANDER, ROGER
Address: 1065 EVANS ROAD
City-St-Zip: LABELLE, FL 33935

Title: P () Delete
Name: HINDAL, CHRISTOPHER L
Address: 14091 EAGLE RIDGE LAKES DRIVE #202
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, VAN
Address: 6941 HONEYCOMB LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: ANNAND, DAVE
Address: 8241 HARRISBURG DR.
City-St-Zip: FORT MYERS, FL 33912

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

Title: D (X) Change () Addition
Name: SABEAN, BRIAN
Address: 8525 DARTMOUTH ST.
City-St-Zip: FORT MYERS, FL 33907

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: STANLEY E. HAYNES

CD

01/06/2006

Electronic Signature of Signing Officer or Director

Date