


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 710901
1. Entity Name
WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY,
FLORIDA



Principal Place of Business Mailing Address
609 W INDIANA AVE 609 W INDIANA AVE
BONIFAY, FL 32425 US BONIFAY, FL 32425 US

DO NOT WRITE IN THIS SPACE



02102006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-2347973 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
MIDDLEBROOKS, A.E.
1410 N. WANKESHA STREET
BONIFAY, FL 32425

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

8. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOSWELL, LESTER 2246 GATOR LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MIDDLEBROOKS, A E 1410 N WANKESHA ST BONIFAY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, ANDER 3126 ANDER BROWN LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UN0000434566
02/25/06-80007-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: A. E. Middlebrooks Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR