


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90033 009 ****61.25

DOCUMENT # 711597	
1. Entity Name FIRST BAPTIST CHURCH OF AURANTIA, INC.	

Principal Place of Business 3953 FAIRFAX DRIVE MIMS, FL 32754-0096	Mailing Address PO BOX 96 MIMS, FL 32754-0096
--	---

2. Principal Place of Business 3953 FAIRFAX DRIVE	3. Mailing Address P.O. Box 96
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mims, Florida	City & State Mims, Florida
Zip 32754	Zip 32754
Country BREVARD	Country BREVARD

6. Name and Address of Current Registered Agent LUCIER, MARY 4965 HARRISON RD MIAMI, FL 32754	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <i>Mary H Lucier</i>	DATE 1-09-06
(NOTE: Registered Agent signature required when reinstating)	

Filing 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	PD AVERILL, TOM 3941 SERLINE STREET MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3941 STERLING STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLENDON, CYRIL 3542 ELLIS LANE MIMS, FL 32754 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Foster Lytle II 1st V.P. 3440 Carter Road Mims, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCIER, MARY 4965 HARRISON RD. MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, VIRGINIA A 5720 SEMINOLE ST. SCOTTSMOOR, FL 32755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES HARVEY 2nd V.P. 3333 KENTUCKY ST. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <i>Virginia A. Johnston</i>	DATE: 01/09/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIRGINIA A. JOHNSTON Daytime Phone # 321-269-1618	
TREASURER	