2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #716059

Principal Place of Business

BAPTIST PURITY CHURCH, INC.

Mailing Address

4502 W MCGEE RD US HWY 98/19 SALEM, FL 32356 US

PLANT CITY, FL 33565-5327 US

FILED Jan 19, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2504427

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JOYNER, RICHARD W. REV 4502 W. MCGEE RD PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered office of	r registered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE Registered Agent signa	ture required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			
TITLE MAME STREET ADDRESS CITY-S1-ZIP	VTT TURNER, LEWIS B 5125 TURNER RD PERRY, FL 32348	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYNER, REV. RICHARD W. 4502 W. MCGEE ROAD PLANT CITY, FL 33565			სინიდი391196 01/24/86-80032-805 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, J. T. 16307 96TH STREET LIVE OAK, FL 32060	<u>-</u> <u></u>	DO	DO NOT WRITE	
HITLE NAME STREET ADDRESS CITY-SI-ZIP	TTP HIRES, BOBBY J 5343 TURNER RD PERRY, FL 32348		IN THIS SPACE		
TATLE NAME STREET ADDRESS CITY-ST-ZIP	TT AMERSON, VON 3512 N. YOUNG ROAD PLANT CITY, FL 33565				
TITLE	TT MALITE IOUNNY				

12. I hereby certify that the information supplied with this filling 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 it 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:

STREET ADDRESS (P.O. BOX 4 (401 STEVENS ST.) STEINHATCHEE, FL 32359