


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90299 049 \*\*\*\*61.25

<b>DOCUMENT # 716721</b> 1. Entity Name <b>BUCHANAN BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>808 WEST BEARSS AVENUE TAMPA, FL 33613-1234</b>			Mailing Address <b>808 WEST BEARSS AVENUE TAMPA, FL 33613-1234</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1807471</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DANSKIN, BILL 11710 NORTH BOULEVARD TAMPA, FL 33613</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZIEGLER, GARY</b>		NAME		
STREET ADDRESS	<b>14810 CARNATION DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARKLEY, LES</b>		NAME		
STREET ADDRESS	<b>15435 LAKE SHORE VILLAS</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANZETTI, JOE</b>		NAME		
STREET ADDRESS	<b>3339 HANDY RD, APT 128</b>		STREET ADDRESS	<b>4117 Hollow Hill Drive</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>		CITY-ST-ZIP	<b>Tampa, FL 33624-1719</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DANSKIN, BILL</b>		NAME		
STREET ADDRESS	<b>11710 NORTH BOULEVARD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SYKES, RICHARD</b>		NAME		
STREET ADDRESS	<b>4711 BALSAM DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAND O LAKES, FL 34639</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Leslie H. Barkley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		