


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90089 016 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 717399</b>  |  |
| 1. Entity Name<br><b>FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.</b> |   |

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| Principal Place of Business<br><b>4490 N. ROCK SPRINGS RD.<br/>APOPKA FL 32712</b> | Mailing Address<br><b>P.O. BOX 1653<br/>APOPKA FL 32704-1653</b> |
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|---|--|
| 2. Principal Place of Business<br><b>4490 N. Rock Springs</b> | 3. Mailing Address<br><b>P.O. Box 1653</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                        |

1st MOORE CR2E037 (10/05)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Apopka FL</b> | City & State<br><b>Apopka FL</b> |
| Zip<br><b>32712</b>              | Zip<br><b>32704</b>              |
| Country<br><b>USA</b>            | Country<br><b>USA</b>            |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1967748</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><b>GODLOVE, CARLETTA<br/>3 ANITA CT<br/>SORRENTO FL 32776</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>Carletta Godlove</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3 Anita Ct.</b><br>City<br><b>Sorrento</b> FL Zip Code<br><b>32776</b> |
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| 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 <b>Carletta Godlove</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  | <b>4/30/06</b><br><small>DATE</small> |

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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | FCM<br>BLUME, JOE<br>444 WINNWAY ST<br>APOPKA FL 32712 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GODLOVE, CARLETTA<br>3 ANITA COURT<br>SORRENTO FL 32776 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BLUME, MAURINIA S<br>444 WINNWAY ST<br>APOPKA FL 32712 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Maurinia S. Blume</b>  | <b>4/30/06 321-388-2829</b> |