


**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

DOCUMENT # 717399
1. Entity Name
FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.



Principal Place of Business Mailing Address
4490 N. ROCK SPRINGS RD. **P.O. BOX 1653**
APOPKA FL 32712 **APOPKA FL 32704-1653**



2. Principal Place of Business 3. Mailing Address
4490 N. Rock Springs **P.O. Box 1653**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
APOPKA FL. **APOPKA FL.**

Zip Country Zip Country
32712 **USA** **32704** **USA**

4. FEI Number Applied For
59-1967748 Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
GODLOVE, CARLETTA
3 ANITA CT
SORRENTO FL 32776

7. Name and Address of New Registered Agent
Name: **Carletta Godlove**
Street Address (P.O. Box Number Not Acceptable): **3 Anita Ct.**
City: **Sorrento** FL Zip Code: **32776**

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: *Carletta Godlove* DATE: **4/30/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	FCM	<input type="checkbox"/> Delete
NAME	BLUME, JOE	
STREET ADDRESS	444 WINNWAY ST.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	T	<input type="checkbox"/> Delete
NAME	GODLOVE, CARLETTA	
STREET ADDRESS	3 ANITA COURT	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLUME, MAURINIA S	
STREET ADDRESS	444 WINNWAY ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Maurinia S. Blume* DATE: **4/30/06** **321-388-2829**