


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 028 ****61.25

DOCUMENT # 720597					
1. Entity Name HAINES CREEK BAPTIST CHURCH, INC.					
Principal Place of Business 33110 COUNTY RD., #473 LEESBURG, FL 34788			Mailing Address 33110 COUNTY RD., #473 LEESBURG, FL 34788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2363167	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREES, RUSS 34105 LINDA LANE LEESBURG, FL 34788				Name Walt Johns	
				Street Address (P.O. Box Number is Not Acceptable)	
				54 Plantation Road	
				City Leesburg FL Zip Code 34788	
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>WALTER F. JOHNS</i>		<i>Walter F. Johns</i>		DATE 4-10-06	
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	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFORD, CATHY		NAME	³⁰ Cash, Paula	
STREET ADDRESS	1135 BEN MORE DR		STREET ADDRESS	1430 New Abbey Ave	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, JANE		NAME	Worfel, Brian	
STREET ADDRESS	22 A HOLIDAY PL		STREET ADDRESS	34110 Lee Ave	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL		NAME		
STREET ADDRESS	10415 PLEASANT VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		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		
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		
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.					
SIGNATURE: <i>Walter F. Johns</i>				DATE 4-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40046910



02012006 Chg-NP CR2E037 (11/05)

\$8.75 Additional Fee Required

FL Zip Code 34788

Walter F. Johns

(NOTE: Registered agent signature required for amending)

4-10-06

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #