

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 722569

1. Entity Name
FLORIDA EAST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business
**2400 NW 68TH ST.
MIAMI, FL 33147 US**

Mailing Address
**2400 NW 68TH ST.
MIAMI, FL 33147 US**



03202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1695995

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRESTON, JR, CEPHUS C REV
12535 N.E. 1ST AVE.
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature 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 DIRECTORS

TITLE	PD
NAME	PRESTON, JR., CEPHUS C REV
STREET ADDRESS	12535 N.E. 1ST AVENUE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	SD
NAME	JOHNSON, J C REV
STREET ADDRESS	816 N.W. FIRST AVENUE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	COLEMAN, C E REV
STREET ADDRESS	853 N.W 74TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	ROUNDTREE, REV. DR. W.R.
STREET ADDRESS	14421 N.W. 13TH ROAD
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	RAMSEY, WILLIAM DR
STREET ADDRESS	1312 N.W. 29TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000479239
04/08/06-80039-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 14, 2006 *646-4357*