


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90025 010 \*\*\*\*70.00

<b>DOCUMENT # 722833</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF ST. JAMES CITY, FLORIDA, INC.</b>					
Principal Place of Business <b>3417-8TH AVENUE/POB 469 SAINT JAMES CITY, FL 33956</b>			Mailing Address <b>PO BOX 469 SAINT JAMES CITY, FL 33956</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-1885975</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WESTCOTT, CARL W 3051 BOUNTY LANE ST. JAMES CITY, FL 33956</b>			7. Name and Address of New Registered Agent Name <b>MCNELLY, VERNON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3396 EIGHTH AVENUE</b> City <b>SAINT JAMES CITY</b> FL Zip Code <b>33956</b>		
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 <u>MCNELLY, VERNON</u> <span style="float: right;">2/15/06</span> <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</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTCOTT, CARL W 3051 BOUNTY LA ST JAMES CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNELLY, VERNON 3396 EIGHTH AVENUE SAINT JAMES CITY, FLORIDA 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOYER, CHRIS 6970 CAPRI LANE BOKEEKA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, OWEN 4993 SANDPIPER DR. SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, OWEN 4993 SANDPIPER DRIVE SAINT JAMES CITY, FLORIDA 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYER, CHRIS 6970 CAPRI LANE BOKEEKA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANALAND, JACK 2421 OLEANDER STREET SAINT JAMES CITY, FLORIDA 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNELLY, VERNON 3396 EIGHTH AVENUE SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, MICHAEL 3966 ROYAL PALM DRIVE SAINT JAMES CITY, FLORIDA 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Vernon H. McNelly</u> <span style="float: right;">02-16-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
VERNON H. MCNELLY					