## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 724821**

Jul 12, 2006 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF HUDSON, FLORIDA, INC.

US

**New Principal Place of Business: Current Principal Place of Business:** 

7009 HUDSON AVE HUDSON, FL 34667

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 5532

HUDSON, FL 34674 US

FEI Number: 59-2348746 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABRAMS, STEPHEN R COMBS, CATHERINE 12631 OAK TREE DR 5100-5 JAMESTOWN AVENUE

HUDSON, FL 34667 US NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: CATHERINE COMBS 07/12/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

HARVEY, NORMA RANDOLPH, MINNIE Name: Name: 12402 LONGHORN DR. Address: 7703 PARKWOOD BOULEVARD Address:

City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

(X) Change ( ) Addition Title: () Delete Title: Name: ABRAMS, STEPHEN R Name: COMBS, CATHERINE Address:

12631 OAK TREE DR Address: 5100-5 JAMESTOWN AVENUE City-St-Zip: HUDSON, FL 34667 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: (X) Change ( ) Addition VANCE, THOMAS L Name: ALLISON, HARRY Name:

18531 LANGFORD DRIVE 11344 WINDSTAR COURT Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete Title: (X) Change ( ) Addition

Name: GREER, JAMES Name: ABRAMS, STEPHEN 12801 PINEBROOK LN Address: Address: 12631 OAK TREE DRIVE City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE COMBS Т 07/12/2006