
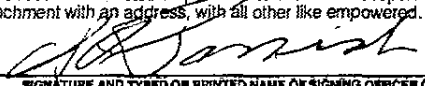


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 727217 1. Entity Name FIRST BAPTIST CHURCH OF PARRISH, FLORIDA, INC.		
Principal Place of Business 12125 71ST ST E P O BOX 195 PARRISH, FL 34219	Mailing Address 12125 71ST ST E P O BOX 195 PARRISH, FL 34219	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PARRISH, SPENCER O. 7301 121ST AVE. E. PARRISH, FL 34219		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, SPENCER O. 7301 121ST AVE. E. PARRISH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, JON A 11720 ERIE RD PARRISH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, GERALREEN 11601 US 301 N PARRISH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-11-06</u> Daytime Phone # _____



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2416449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/25/06-800113-023 70.00

**DO NOT WRITE
IN THIS SPACE**