



2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90002 049 ****70.00

DOCUMENT # 729465					
1. Entity Name NASSAU BAPTIST TEMPLE, INCORPORATED					
Principal Place of Business 464069 SR 200 YULEE, FL 32097 US			Mailing Address 464069 SR 200 YULEE, FL 32097 US		
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 59-1812802	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLANKENSHIP, TRUMAN L III 1837 RADDIN RD YULEE, FL 32097				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 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	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUGHTON, ROBERT			NAME	
STREET ADDRESS	96725 BLACKROCK RD			STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 32097			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, WILLY			NAME	TD
STREET ADDRESS	96731 BLACKROCK RD			STREET ADDRESS	Robert W. Hinson
CITY-ST-ZIP	YULEE, FL 32097			CITY-ST-ZIP	86676 Hester DR
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD
NAME	BRYANT, DANNY			NAME	Danny Bryant
STREET ADDRESS	3679 CREWS CREEK RD			STREET ADDRESS	3679 Crews Creek Rd
CITY-ST-ZIP	YULEE, FL 32097			CITY-ST-ZIP	Yulee, FL 32097
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, TRUMAN L III			NAME	
STREET ADDRESS	96100 CESSNA DRIVE			STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 32097			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: 				Date: 8/09/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 904-261-4882	

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