




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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40101702</div>  <div style="margin-top: 10px;"> 08092006 Chg-NP CR2E037 (4/06) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1812802		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40101702</div>  <div style="margin-top: 10px;"> 08092006 Chg-NP CR2E037 (4/06) </div>	
6. Name and Address of Current Registered Agent BLANKENSHIP, TRUMAN L III 1837 RADDIN RD YULEE, FL 32097					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUGHTON, ROBERT <input type="checkbox"/> Delete 96725 BLACKROCK RD YULEE, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, WILLY <input checked="" type="checkbox"/> Delete 96731 BLACKROCK RD YULEE, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, DANNY <input type="checkbox"/> Delete 3679 CREWS CREEK RD YULEE, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANKENSHIP, TRUMAN L III <input type="checkbox"/> Delete 96100 CESSNA DRIVE YULEE, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Robert W. Hinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 86676 Hister DR Yulee, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Danny Bryant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3679 Crews Creek Rd Yulee, FL 32097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Truman L. Blankenship III</u> 8/09/06 904-261-4882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					