2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 730551

1. Entity Name
THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, INC.

Principal Place of Business	Mailing Address
13725 SE 164 ST BOX 606 WEIRSDALE, FL 32195	13725 SE 164 ST BOX 606 WEIRSDALE, FL 32195

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01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1575841

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH
16987 SE 155 AVE
WEIRSDALE, FL 32195

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	HOLLINGSWORTH, WILLIAM F
STREET ADDRESS	16987 SE 155 AVE
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	D
NAME	BIELLING, J.D.
STREET ADDRESS	14455 SE 155TH ST
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	DT
NAME	HOLLINGSWORTH, EMMA
STREET ADDRESS	16987 SE 155 AVE
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	S
NAME	SANFORD, IRENE
STREET ADDRESS	14430 SE HWY 42
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Emma Hollingsworth 1-21-06 352-821-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #