2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am DOCUMENT # 731548 Secretary of State 1. Entity Name 05-01-2006 90291 015 ****61.25 FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, Principal Place of Business Mailing Address 20831 POWELL RD DUNNELLON FL 34431-6301 20831 POWELL RD DUNNELLON FL 34431-6301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4 FEI Number 59-0979920 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENS, DAVID 19325 W. HWY. 40 Street Address (P.O. Box Number is Not Acceptable) **DUNNELLON FL 34431** 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 reg 4-16-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Addition STEPHENS, DAVID NAME NAME 19325 W. HWY. 40 STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34431** CITY-ST-7IP CITY-ST-7IP Mack McColgin 9150 S.W. 197 Circle Delete Change TITLE TITLE Addition BATCHER, RAY NAME NAME STREET ADDRESS 11555 ORLANDO STREET STREET ADDRESS **DUNNELLON FL 34431** CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE LEE, FRANCES NAME NAME STREET ADDRESS 20829 CHESTNUT STREET STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME VAUGHAN, GLORIA NAME STREET ADDRESS STREET ADDRESS 10860 SW 79TH TERRACE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the part of the corporation of the corp

4-16-06

489-5872

DAVID STEPHENS

ehanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED