

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

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90058 013 \*\*\*\*61.25

**DOCUMENT # 732629**

1. Entity Name  
TRUSTEE CORPORATION OF THE FIRST BAPTIST  
CHURCH, INTERLACHEN, FLORIDA



Principal Place of Business  
111 N HWY 315  
INTERLACHEN, FL 32148

Mailing Address  
PO BOX 108  
INTERLACHEN, FL 32148

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1351894

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BISHOP, ROBERT  
139 CINNAMON DR  
INTERLACHEN, FL 32148

**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 B. M. Bishop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-06

**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 DT  
NAME GLOVER, RICHARD  
STREET ADDRESS 105 SHORT STREET  
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE T  
NAME MATCHETT, KATHY  
STREET ADDRESS 724 LAKESHORE TERRACE  
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE DVT  
NAME BISHOP, ROBERT  
STREET ADDRESS 139 CINNAMON DR  
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE DT  
NAME WISHAM, DAVID  
STREET ADDRESS 107 OSTEEN ROAD  
CITY-ST-ZIP HOLLISTER, FL 32147

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: B. M. Bishop  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-06