

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734224

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: HICKS ROAD BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

12219 HICKS ROAD  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

12219 HICKS ROAD  
HUDSON, FL 34669

**New Mailing Address:**

FEI Number: 59-2400886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCRAY, ANDREW  
10434 HAZEL AVE  
HUDSON, FL 34669 US

**Name and Address of New Registered Agent:**

MCCRAY, ANDREW  
12218 PARKWOOD STREET  
HUDSON, FL 34669 US

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.

SIGNATURE:

04/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: NEUBERG, JOY L  
Address: 7404 UNIVERSITY DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: WILEY, KEN  
Address: 13120 LITEWOOD R  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: JORDAN, PAUL  
Address: 9534 FRED ST  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: YOUNG, DELMA L  
Address: 10737 SHADY DRIVE  
City-St-Zip: HUDSON, FL 34669

Title: CODP ( ) Delete  
Name: MCCRAY, ANDREW  
Address: 10434 HAZEL LN.  
City-St-Zip: HUDSON, FL 34669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CODP (X) Change ( ) Addition  
Name: MCCRAY, ANDREW  
Address: 12218 PARKWOOD ST.  
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW MCCRAY

CODF

04/13/2006

Electronic Signature of Signing Officer or Director

Date