


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

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 736881 1. Entity Name CHARLIE CREEK FAITH BAPTIST CHURCH, INC.	
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Principal Place of Business 6885 STATE RD 64E WAUCHULA, FL 33873 US	Mailing Address 6885 STATE RD 64E WAUCHULA, FL 33873 US
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03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLES, J. RUSSELL 619 MAUDE ROAD WAUCHULA, FL 33873
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1100000477733
04/06/06-80063-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOLES, J. RUSSELL 619 MAUDE ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, ALMA 2451 EDGES DRIVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, OPAL 25 FOREST HILL COURT AVON PARK, FL 338254217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKMAN, MARCILL 1234 SPARROW RD ZOLFO SPRINGS, FL 33890
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: *Marcill M Oakman* **3-13-2006 863-773-34**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #