


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90113 032 ****70.00

DOCUMENT # 738244					
1. Entity Name WEST FLORIDA BAPTIST ASSOCIATION, INC.					
Principal Place of Business 1641 BRICKYARD ROAD CHIPLEY, FL 32428 US			Mailing Address P.O. BOX 651 CHIPLEY, FL 32428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2905192	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRISON, ULYSSES 1380 HIGHWAY 277 CHIPLEY, FL 32428			Name Billy Miles		
			Street Address (P.O. Box Number is Not Acceptable) 307 Cope Rd		
			City Chipley		
			FL Zip Code 32428		
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: <i>Billy Miles</i>		Billy Miles		4/20/2006	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, JAMES		NAME	Townsend, Lamar	
STREET ADDRESS	3100 PEACEFUL LANE		STREET ADDRESS	Brickyard Rd	
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, LAMAR		NAME	Steele, Tim	
STREET ADDRESS	1641 BRICKYARD RD / P O BOX 308		STREET ADDRESS	335 Cope Rd	
CITY-ST-ZIP	CHIPLEY, FL 324280308		CITY-ST-ZIP	Chipley, FL 32428	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, ALCUS R		NAME		
STREET ADDRESS	791 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, FRANCES		NAME		
STREET ADDRESS	630 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alcus R Brock</i>		Alcus R Brock		4/19/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				(850)638-0182	
				Daytime Phone #	