


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90137 013 ****61.25

DOCUMENT # 742124					
1. Entity Name ATLANTIC BAPTIST CHURCH, INC.					
Principal Place of Business 4850 W. ATLANTIC BLVD. MARGATE, FL 33063			Mailing Address 4850 W. ATLANTIC BLVD. MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1813170	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, RAYMOND C JR 5716 NW 27 ST MARGATE, FL 33063			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY - ST - ZIP	D EMERICK, ELMER <input type="checkbox"/> Delete 110 NW 53 ST FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Juanita Speer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4141 NW 90 Ave #202 Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, BOB <input type="checkbox"/> Delete 1639 COVE LAKE RD N LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, WARREN <input type="checkbox"/> Delete 1625 NW 67 AVE MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, LEW <input type="checkbox"/> Delete 1540 NW 70 LN POMPANO BEACH, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROBERTS, RAYMOND C JR <input type="checkbox"/> Delete 5716 NW 27 ST MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Raymond C. Roberts Jr.</u> Chairman 4-11-06 954-974-8905					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					