

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 742138

1. Entity Name
**MAIN STREET BAPTIST CHURCH, BARTOW, FLORIDA,
INC.**



Principal Place of Business
**1140 EAST MAIN STREET
BARTOW, FL 33830**

Mailing Address
**1140 EAST MAIN STREET
BARTOW, FL 33830**



02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1642132	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

**TOMPKINS, DON
695 S. SANFORD
BARTOW, FL 33830**

**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 _____
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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, CLARENCE L, JR 195 MYRTLE STREET BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEEKS, RALPH 655 PARK LANE BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMPKINS, DON 695 S SANFORD BARTOW, FL 33830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80043-011 61.25

**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: Don Tompkins 4/3/06 863-533-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #