


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

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 743519 1. Entity Name FELDA BAPTIST CHURCH, INC.		
Principal Place of Business WILLIS RANCH ROAD P O BOX 306 FELDA, FL 33930	Mailing Address WILLIS RANCH ROAD P O BOX 306 FELDA, FL 33930	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GALLAGHER, J. DALE 1277 C.R. 830 E. FELDA, FL 33930		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 <u>J. Dale Gallagher</u> (NOTE: Registered Agent signature required when retaking) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLAGHER, J DALE 1277 CR 830 E FELDA, FL 33930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP CRAWFORD, RAYMOND CASE RD LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUPREE, HARVEY 532 C R 830 A FELDA, FL 33930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNAWAY, DONNA J 2551 C R 830 FELDA, FL 33930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANNER, CREOLA 2655 C.R. 830 FELDA, FL 33930	
TITLE NAME STREET ADDRESS 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: <u>J. Dale Gallagher</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/13/06</u> <u>863-675-3782</u> Date Daytime Phone #



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0028986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80151-016 61.25

**DO NOT WRITE
IN THIS SPACE**