


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 023 ****70.00

DOCUMENT # 747892
1. Entity Name
FIRST BAPTIST CHURCH OF FT. MCCOY, INC.



Principal Place of Business: **11350 NE HWY 316
FORT MC COY FL 32134-0480
US**
Mailing Address: **P.O. BOX 480
FT. MCCOY FL 32134-0480
US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: City & State
Zip: Zip Country: Country

4. FEI Number: **59-2125975**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PRITCHARD, SAM
15307 NE 146TH COURT
FT MCCOY FL 32134**

7. Name and Address of New Registered Agent
Name: **Marion Hess**
Street Address (P.O. Box Number is Not Acceptable): **14887 NE 110 Ct. Rd**
City: **Ft. McCoy** FL Zip Code: **32134**

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: *Marion Hess* **Marion Hess** DATE: **1-19-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> Delete
NAME: GROOVER, WILLIAM	
STREET ADDRESS: 12090 E HWY 316	
CITY-ST-ZIP: FORT MC COY FL 32134	
TITLE: STD	<input checked="" type="checkbox"/> Delete
NAME: PRITCHARD, SAM	
STREET ADDRESS: 15307 NE 146TH COURT	
CITY-ST-ZIP: FT MCCOY FL 32134	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: ELMER, STACY	
STREET ADDRESS: 12151 NORHEAST 135 STREET	
CITY-ST-ZIP: FORT MC COY FL 32134	
TITLE: PD	<input checked="" type="checkbox"/> Delete
NAME: GOOLSBY, RICHARD	
STREET ADDRESS: 170 ALMOND ROAD	
CITY-ST-ZIP: OCALA FL 34472	
TITLE: 	<input type="checkbox"/> Delete
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Delete
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Marion Hess	
STREET ADDRESS: 14887 NE 110 Ct. Rd.	
CITY-ST-ZIP: Ft. McCoy, FL 32134	
TITLE: STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Paul Melin	
STREET ADDRESS: 10700 NE 142 PL.	
CITY-ST-ZIP: Ft. McCoy, FL 32134	
TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Marion Hess* **Marion Hess** **1-19-06 (352)236-2543**