


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 025 ****61.25

DOCUMENT # 748955
 1. Entity Name
RICHMOND AVENUE BAPTIST CHURCH, INC.




Principal Place of Business
**304 N. RICHMOND AVE.
 LEHIGH ACRES, FL 33972-5053 US**

Mailing Address
**304 N. RICHMOND AVE.
 LEHIGH ACRES, FL 33936 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2801696

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MILES, GEORGE
 206 6TH ST E
 LEHIGH ACRES, FL 33936**

7. Name and Address of New Registered Agent
 Name **OSWALT, LYDIA**
 Street Address (P.O. Box Number Is Not Acceptable)
707 ARIANNE CT.
 City **Lehigh Acres** **FL** Zip Code **33936**

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 *Lydia Oswalt* **1-25-06**
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

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	PD MILES, GEORGE 206 6TH ST. E LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSWALT, LYDIA 707 ARIANNE CT. LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, BARB 12 MASSCHUETTS RD LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition HULL, Barbara name correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUTZMAN, GERALD 5315 4TH ST W LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIKE TOLEMAN SR. 2404 Atlantic Cr. Lehigh Acres, FL 33972
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
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: *Lydia Oswalt* **1-25-06** **369-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #