


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 042 ****70.00

DOCUMENT # 749117 1. Entity Name FIRST BAPTIST CHURCH OCHLOCKONEE BAY, FLORIDA, INC.					
Principal Place of Business 366 COASTAL HWY BOX 444 PANACEA, FL 32346 US			Mailing Address P O BOX 444 PANACEA, FL 32346 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2351495	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TIMOTHY, GRAY 148 MCCALLISTER RD CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name <u>Kellie Chunn</u> Street Address (P.O. Box Number is Not Acceptable) <u>3700 Capital Circle SE Apt 1205</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32311</u>	
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>Kellie E Chunn</u> <u>Kellie E. Chunn</u> <u>3/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PDT GRAY, TIM 148 MCCALLISTER RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Chunn, Kellie 3700 Capital Circle SE Apt #1205 Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISWANDER, PHIL 70 TWEEDIES PLACE CRAWFORDVILLE, FL 32327	<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	D ROBINSON, ETHELLE 94 ISLE OF PARADISE RD CRAWFORDVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hallstrom, Larry 173 center St. Panacea, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KANE, SUZANNE 367 MASHES SANDS ROAD PANACEA, FL 32346	<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	D CHUNN, JAMES D SR P.O. BOX 7393 TALLAHASSEE, FL 32314	<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	<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>Kellie E Chunn</u> <u>Kellie E Chunn</u> <u>3/27/06</u> <u>878-8848</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					