


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

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 749224</b> 1. Entity Name ARIPEKA BAPTIST CHURCH, INC.			
Principal Place of Business 18731 ARIPEKA RD. P.O. BOX 38 ARIPEKA, FL 34679		Mailing Address 18731 ARIPEKA RD. P.O. BOX 38 ARIPEKA, FL 34679	
<b>DO NOT WRITE IN THIS SPACE</b>			
5. Name and Address of Current Registered Agent  SLOAN, VERNA 18945 JEBERT ARIPEKA, FL 34679		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		U00000495172 04/20/06-80074-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, MARK 13402 LAWRENCE STREET SPRINGHILL, FL	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JAMES R 10940 CUBCOURT NEW PORT RICHEY, FL 34654		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGER, LOUISE 18740 ROSEMARY RD ARIPEKA, FL 34679		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, CAROL 18930 ARIPEKA RD. ARIPEKA, FL 00000.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROYE 18930 ARIPEKA RD. ARIPEKA, FL 00000.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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.			
<b>SIGNATURE:</b> <u>Carol White</u> <b>CAROL White</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/4/06 227-863-9809 <small>Date Daytime Phone #</small>	