

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



DOCUMENT # **750142**
1. Entity Name
Wausau First Baptist Church

FILED

06 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600074510026
05/12/06--01014--026 **\$1.25
CR2E037B (8/05)

2. Principal Place of Business
Wausau First Baptist Church
Suite, Apt. #, etc.
3493 Washington Street
City & State
Wausau, Florida
Zip
32463 Country
USA

3. Mailing Address
P.O. Box 583
Suite, Apt. #, etc.
City & State
Wausau, Florida
Zip
32463 Country
USA

4. FEI Number
59-197-7313 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Ricky Miller**
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 3493 Washington Street
City **Wausau** FL Zip Code **32463**

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 *Ricky Miller (Ricky)* DATE **4/26/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	C Joey Nichols 3493 Washington Street Wausau, Florida 32463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bridgett Bridges 3493 Washington Street Wausau, Florida 32463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bridgett Bridges* **04-26-06 (80) 7038-8448**