

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90116 015 \*\*\*\*61.25

**DOCUMENT # 751069**

1. Entity Name  
**FIRST BAPTIST CHURCH, INC., OF BOULOUAGNE,  
FLORIDA**



Principal Place of Business  
**FLORIDA  
28226 CHURCH DR  
HILLIARD, FL 32046 US**

Mailing Address  
**FLORIDA  
28226 CHURCH DR  
HILLIARD, FL 32046 US**

**60020040**



03282006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**11-2354088**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASSITY, WENDELL  
3734 LORENA DR  
HILLIARD, FL 32046**

Name **MARK MOORE**

Street Address (P.O. Box Number is Not Acceptable)

**37166 LEE ST.**

City **HILLIARD**

**FL**

Zip Code  
**32046**

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

*Mark Moore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-5-06**

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

TITLE ☒ Delete  
NAME **TC**  
STREET ADDRESS **CASSITY, WENDELL**  
CITY-ST-ZIP **3734 LORENA DR  
HILLIARD, FL 32046**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **WOLLITZ, JERRY**  
CITY-ST-ZIP **17231 LILLER RD  
HILLIARD, FL 32046**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **HANSEN, GILBERT**  
CITY-ST-ZIP **18134 TETON WAY  
HILLIARD, FL 32046**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **TRUSTEE Chairman**  
STREET ADDRESS **MOORE, MARK**  
CITY-ST-ZIP **37166 LEE ST.  
HILLIARD, FL 32046**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TRUSTEE**  
STREET ADDRESS **Bobby Durham**  
CITY-ST-ZIP **27046 Ohio St.  
Hilliard FL 32046**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Mark Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-06**