

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752136

FILED
Apr 29, 2006
Secretary of State

Entity Name: FIRST INDEPENDENT BAPTIST CHURCH OF PONCE DE LEON, FLORIDA, INC.

Current Principal Place of Business:

2879 HWY 81 NORTH
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

2879 HWY 81 NORTH
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 05-0011200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, EVERETTE L
218 CLAY STREET
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COAKER, LARRY E
Address: HWY 81 SOUTH
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: WARD, DAVID
Address: 6092 CO HWY 181 E
City-St-Zip: WESTVILLE, FL 32464

Title: D () Delete
Name: LAIRD, EVERETTE
Address: 218 CLAY STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: MOSS, HILTON
Address: 811 SOUTH 4TH ST
City-St-Zip: DEFUNIAK SPG, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SPIERS, JESSE
Address: 1530 JACK BROWN DRIVEE
City-St-Zip: PONCE DE LEON, FL 32455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERETTE L. LAIRD

DIRE

04/29/2006

Electronic Signature of Signing Officer or Director

Date