

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 752842

1. Entity Name
**THE INDIAN SPRINGS BAPTIST CHURCH,
INCORPORATED**



Principal Place of Business
**5593 VETERANS MEMORIAL HIGHWAY
TALLAHASSEE, FL 32309**

Mailing Address
**5593 VETERANS MEMORIAL HIGHWAY
TALLAHASSEE, FL 32309**



03292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1879897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMMONS, MIKE
8800 BILLINGSLEY RD
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LACKEY, FRED
15520 SUNRAY RD
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GWALTNEY, DAWN
12457 HOLEY RD
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SIMMONS, MIKE
RT. 7, BOX 1151A
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000551251
05/13/06-80092-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 *Mike Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 *617-2929*
Date Daytime Phone #