

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

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759369**

1. Entity Name  
**FIRST BAPTIST CHURCH OF EASTPOINT, INC.**



Principal Place of Business  
**PO BOX 611  
 EASTPOINT, FL 32328**

Mailing Address  
**PO BOX 611  
 EASTPOINT, FL 32328**

**DO NOT WRITE IN THIS SPACE**



03112006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2900266** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARROLL, EVELYN L  
 447 AVE A  
 EASTPOINT, FL 32328**

**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: *Evelyn L Carroll*  
Signature, typed or printed name of registered agent and title if applicable.

3-13-06  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	HOWARD, BILLY
STREET ADDRESS	108 WHISPERING PINES DR
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D
NAME	SMITH, EDNA
STREET ADDRESS	28 BRIAN ST
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D
NAME	BROWN, MAX
STREET ADDRESS	218 BOBBY CATO ST
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	CROSBY, FRANKIE
STREET ADDRESS	46 BRIAN ST
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D
NAME	CROSBY, CHARLIE
STREET ADDRESS	102 WHISPERING PINES DR
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	P
NAME	HALL, LEROY
STREET ADDRESS	PO BOX 657
CITY-ST-ZIP	EASTPOINT, FL 32328

U00000504928  
 04/26/06-80037-006 70.00

**DO NOT WRITE  
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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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Billy A. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 670-1322  
Date Daytime Phone #