

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763023

FILED  
Feb 22, 2006  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH, LYNN HAVEN, FLORIDA

**Current Principal Place of Business:**

1005 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1005 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-0908712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, HAROLD  
1011 IOWA AVE.  
LYNN HAVEN, FL 32444      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: T      ( ) Delete  
Name: KIRKLAND, MARLON  
Address: 9129 N. MCCANN ROAD  
City-St-Zip: PANAMA CITY, FL 32409

Title: T      ( ) Delete  
Name: JOHNSON, MONTEL  
Address: 116 CAROLINA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T      ( ) Delete  
Name: PETERSON, HELEN  
Address: 3919 PETERSON LANE  
City-St-Zip: SOUTHPORT, FL 32409

Title: T      ( ) Delete  
Name: GRAY, WILLIAM (BILL)  
Address: 1220 PENNSYLVANIA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T      ( ) Delete  
Name: HOLCOMBE, SUE  
Address: 1900 VERMONT AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T      ( ) Delete  
Name: OWENS, DONNIE  
Address: 1216 HUNTINGTON RIDGE ROAD  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: HAROLD PHILLIPS

Electronic Signature of Signing Officer or Director

TREA

02/22/2006

Date