## 2006 NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

## Mar 17, 2006 08:00 AM **Secretary of State DOCUMENT # 766059** t. Entity Name FIRST BAPTIST CHURCH, INC., OF BAKER, FLORIDA Principal Place of Business Mailing Address 1347 E 14TH ST BAKER FL 32531 1357 15TH ST. BAKER FL 32531-2801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2116433 Not Applicat Ζιp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGE, DANA Street Address (P.D. Box Number is Not Acceptable) 1357 15 STREET **BAKER FL 32531** City Zio Code 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 title if epolicable (NOTE: Registered Agent stonesure received when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TR mi BILL Addition ☐ Delete Change U00000472527 CARR, MARVIS 03/29/06-20040-008 61.25 6161 N HWY 189 STREET ADDRESS STREET ADDRESS CITY - ST - 779 BAKER FL 32531 CITY-ST-70 ☐ Change Addition TRRF Defete TISSE JORDAN, MARTHA C NAME NAME STREET ADDRESS 5728 HWY 4 STREET ADDRESS BAKER FL 32531 CITY-ST-ZIP CITY-ST-ZIP tm r Delete 🗆 Thange Addition TITLE NAME EVERIDGE, OBIE NAME STREET ADDRESS 5388 FOX HOUND LN. STREET ADDRESS CITY-ST-ZIP **BAKER FL 32531** CITY-ST-TIP THEE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or brector of the corporation of 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 an an attachment with an address, with all other like ampowered.

12-111-11

**FILED**