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

## Mar 08, 2006 08:00 AM **Secretary of State DOCUMENT #768715** FIRST THONOTOSASSA MISSIONARY BAPTIST CHURCH INC Principal Place of Business Mailing Address 10650 MCINTOSH ROAD 10650 MCINTOSH ROAD THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592 03012006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2683518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURRUS, THOMAS E II DO NOT WRITE 4709 CHARRO LANE PLANT CITY, FL 33565 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 lamiliar with, and accept 3-1-06 DATE easurer (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 3. Election Campaign Financing \$5.00 May Be $\Box$ Due by May 1, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me HAME BURRUS, THOMAS E II STREET ADDRESS 4709 CHARRO LANE CITY-ST-ZIP PLANT CITY, FL 33565 TITLE 03/18/06-60042-002-61 NAME BLOCKER, JAMES STREET ADDRESS 8010 FRANKLIN RD CITY-ST-ZIP PLANT CITY, FL 33565 KILE NAIUE DIXSON, JOHN STREET ADDRESS 1202 BRANCH ACRES DR. DO NOT WRITE CITY-ST-ZIP PLANT CITY, FL 33565 TITLE IN THIS SPACE NAME MCGUOIRK, DAVID STREET ADDRESS PO BOX 769 CITY-ST-210 **DOVER, FL 33527** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quality 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 path, 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 attackment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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FILED