


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 024 ****61.25

DOCUMENT # 770005 1. Entity Name CONCORD BAPTIST CHURCH OF CHIEFLAND, INC.					
Principal Place of Business 5551 N.W. COUNTY RD. 336 CHIEFLAND, FL 32626			Mailing Address 5551 N.W. COUNTY RD. 336 CHIEFLAND, FL 32626		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASON, LEO 10771 N.W. 72ND CT. CHIEFLAND, FL 32626				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, JOHN L <input type="checkbox"/> Delete 711 NW 162ND STREET TRENTON, FL 32693				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINCEY, JACK <input type="checkbox"/> Delete P.O. BOX 157 N/A CHIEFLAND, FL 32644				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYHUGH, DOYLE <input type="checkbox"/> Delete 2511 N.W. 74TH AVE. CHIEFLAND, FL 32626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, LEO <input type="checkbox"/> Delete 10771 NW 72ND CT. CHIEFLAND, FL 32626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Leo Cason</u>				3/17/06 (352) 493-1219	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

50006603



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2329614 Applied For
Not Applicable

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