


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

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 771024
 1. Entity Name
FIRST BAPTIST CHURCH OF COLLIER CITY, INC.



Principal Place of Business Mailing Address
2651 N.W. 2 STREET **2651 N.W. 2 STREET**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For / Not Applicable
41-8469972

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

6. Name and Address of Current Registered Agent
WALLACE, WILLARD
2651 N W 2ND ST
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting) DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, CHARLIE J	
STREET ADDRESS	2651 NW 2ND STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, WILLARD	
STREET ADDRESS	2651 NW 2ND STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWELL, MELVIN	
STREET ADDRESS	2651 NW 21ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JETHRO JR.	
STREET ADDRESS	2651 NW 21ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

1100000478230
 04/07/06-80023-011 61.25

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 if made under oath; that I am an officer or director of the corporation or the agent 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 _____ DATE _____