

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

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000000230

1. Entity Name
INDEPENDENT BAPTIST ALLIANCE, INC.



Principal Place of Business
**18 HWY 40 EAST
INGLIS FL 34449**

Mailing Address
**18 HWY 40 EAST
INGLIS FL 34449**



2. Principal Place of Business
Suite, Apt. #, etc.
18 Hwy 40E.

3. Mailing Address
Suite, Apt. #, etc.
18 Hwy 40 East

City & State
Inglis, FL

City & State
Inglis, FL

Zip
34449

Country
USA

Zip
34449

Country
USA

1st MOORE CR2E037 (10/05)

4. FEI Number
35-2110809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONG, ROBERT
3807 S PIGEON TERRACE
HOMOSASSA FL 34448**

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 Robert Long DATE 4-4-06

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY- ST- ZIP	P LONG, ROBERT 3807 S PIGEON TERR HOMOSASSA FL 34448 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	UN0000494183 04/20/06-80034-024 70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ZORNES, JAMES G 625 WEST 21 ST CONNERSVILLE IN 47331 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KELLER, DOUGLAS 324 VINE STREET CONNERSVILLE IN 47331 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 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: Robert Long **352-447-6214**