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

DOCUMENT # N00000000732

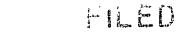
1. Entity Name

Principal Place of Business

SECOND WEST FLORIDA MISSIONARY BAPTIST ASSOCIATION, INC.



Mailing Address



06 FEB 28 PM 3:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



				4753 RIVER ROAD BOSCOM, FL 32423				- 979	III IIII III III	11 88 711 89 111 63 181		(1) 1) 111 1
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02282006 Chg-NP CR2E037 (11/05)					
City & State			City & State					4. FEI Number Applied For NOT APPLICABLE Not Applicable				
Zip	Country		Zip	čip Cod		intry		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and A	Registere					7. Name and Address of New Registered Agent					
MCCOLLOUGH, DR. H.G. REV.						Name						
4753 RIVER RD. BASCOM, FL. 32423				Street A			Address (P.O. Box Number is Not Acceptable)					
					City				F	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 reinstating) DATE												
Filing Fee Is \$61.25 Due by May 1, 2006				9. Election Cam Trust Fund C			\$5.00 May Be Make check payable to Florida Department of State					
10.		OFFICERS AND D	RECTORS		11.		A	ADDITIONS/CHA	NGES TO OF	FICERS AND I	DIRECTORS IN	10
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NAME	MCCOLLOUGH, H. G. REV			NAM		-			TR 1""3 1""3 1""	ه کست دسته هست.	,, <u></u> ,	
CITY-ST-ZIP	TREET ADDRESS 4753 RIVER ROAD ITY-ST-ZIP BASCOM, FL 32423					ET ADDRESS -ST-ZIP		03./16	######################################	ເມືອງໄດ້ ການ1—ພການ	3052 9 **70	an l
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NAME :	HARVEY, WILLIAM REV			C Delete		ie					C Outube	
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CITY-ST-ZIP	ST-ZIP MARIANNA, FL 32446			C		-ST-ZIP						
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NAME	WILSON, PRINCE REV				NAM	le l						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	CHIPLEY, FL 32428				-ST-ZIP							
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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 champed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Registrature and their of printed name of sign FCER OR DIRECTOR Daytime Phone #