


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

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001016					
1. Entity Name FIRE BAPTIZE HOLINESS CHURCH OF GOD BY FAITH, INC.					
Principal Place of Business 2087 FOUNTAIN STREET FORT MYERS FL 33916			Mailing Address 867 NUNA AVE. FT. MYERS FL 33905		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2233711	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TERRELL, RAYMOND J REV. 867 NUNA AVE. FT. MYERS FL 33905				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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.					
U000000495138 04/20/06-80073-010 61.25					
SIGNATURE _____					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not filing)</small>					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TERRELL, RAYMOND J		NAME		
STREET ADDRESS	867 NUNA AVE.		STREET ADDRESS		
CITY- ST- ZIP	FT. MYERS FL 33905		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JACKSON, GENORA D		NAME		
STREET ADDRESS	9 KINGSTON CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS FL 33905		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TERRELL, CLARA B		NAME		
STREET ADDRESS	867 NUNA AVE.		STREET ADDRESS		
CITY- ST- ZIP	FT. MYERS FL 33905		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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: *Clara Terrell* **4-3-06 339-693-865**