

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

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

DOCUMENT # N00000008461 1. Entity Name BUFORD GROVE BAPTIST CHURCH, INC.	
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Principal Place of Business 541975 U.S. HWY 1 HILLIARD, FL 32046	Mailing Address POST OFFICE BOX 430 HILLIARD, FL 32046
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1868969	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERRITT, HAL S 27156 HARLEY DRIVE HILLIARD, FL 32046
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**DO NOT WRITE
IN THIS SPACE**

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**

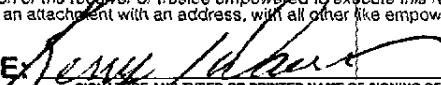
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**11/10/06 423336
02/18/06-80003-021 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRITT, HAL S 27156 HARLEY DR HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD THOMPSON, EDWARD 45214 CIR DR CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDRETH, TERRY 210 NORTH WOODVALLEY DR KINGSLAND, GA 31548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, KERRY L 56952 DAVIS ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRITT, HAL S 27156 HARLEY DRIVE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD WOMACK, ROLAND 27687 CONNER NELSON ROAD HILLIARD, FL 32046

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IN THIS SPACE**

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  **Kerry L. Davis** 02-02-06 904-845-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #