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.

Principal Place of Business	Mailing Address
541975 U.S. HWY 1 HILLIARD, FL 32046	POST OFFICE BOX 430 HILLIARD, FL 32046

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1868969

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERRITT, HAL S
27156 HARLEY DRIVE
HILLIARD, FL 32046

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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

000000423336
02/18/06-80003-021 61.25

10. OFFICERS AND DIRECTORS

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

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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 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 #