


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90357 003 \*\*\*\*61.25

<b>DOCUMENT # N00013</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF WEEKI WACHEE ACRES, INC.</b>					
Principal Place of Business <b>8092 TOUCAN TRAIL SPRING HILL, FL 34606</b>			Mailing Address <b>8092 TOUCAN TRAIL SPRING HILL, FL 34606</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2024215</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MULDOON, ROBERT 5412 KNOCKLYN RD SPRING HILL, FL 34609</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Clay C. Kirk</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EARLE, WILLIAM</b>		NAME		
STREET ADDRESS	<b>3270 SEAVIEW DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORANGE, WANDA</b>		NAME		
STREET ADDRESS	<b>6488 SEALAWN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WEBBER, LARRY</b>		NAME	<b>Susan Krentz</b>	
STREET ADDRESS	<b>7445 SEALAWN DRIVE</b>		STREET ADDRESS	<b>7453 Holiday Dr</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MULDOON, ROBERT</b>		NAME	<b>Clay Kirk</b>	
STREET ADDRESS	<b>5412 KNOCKLYN RD</b>		STREET ADDRESS	<b>8054 Fairlane</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>		CITY-ST-ZIP	<b>Brooksville FL 34613</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLEN, HELEN</b>		NAME		
STREET ADDRESS	<b>11085 UPTON ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>Clay C. Kirk</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					