

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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90067 035 ****61.25

DOCUMENT # N01000006485

1. Entity Name

APALACHEE BAPTIST ASSOCIATION, INC.



Principal Place of Business

16646 SE PEAR STREET
BLOUNTSTOWN FL 32424

Mailing Address

P.O. BOX 847
BLOUNTSTOWN FL 32424

2. Principal Place of Business

16646 SE PEAR STREET

3. Mailing Address

P O BOX 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN FL

City & State

BLOUNTSTOWN FL

Zip

32424

Country

Calhoun

Zip

32424

Country

Calhoun

4. FEI Number

59-3630422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, CLYDE N
7871 NW RIVER ROAD
BRISTOL FL 32321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROBERTS, CLYDE N**
STREET ADDRESS **7871 NW RIVER ROAD**
CITY-ST-ZIP **BRISTOL FL 32321**

TITLE **M** ☐ Delete
NAME **STALLWORTH, TOM**
STREET ADDRESS **16646 SE PEAR STREET**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **C** ☒ Delete
NAME **PHILLIPS, ANNETTE**
STREET ADDRESS **21222 NE STATE ROAD 65**
CITY-ST-ZIP **TELOGIA FL 32360-0127**

TITLE **T** ☐ Delete
NAME **WATSON, YVONNE**
STREET ADDRESS **13674 NW PEA RIDGE ROAD**
CITY-ST-ZIP **BRISTOL FL 32321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **CLERK**
STREET ADDRESS **REVELL, CATHY BROCK**
CITY-ST-ZIP **P O BOX 926**
BRISTOL FL 32321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Clyde N. Roberts

Clyde N. Roberts

January 31, 2006 850-674-9601