

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N01349

1. Entity Name

BAKER CHURCH OF CHRIST, INC.



Principal Place of Business

% GLENN HOWZE
PO BOX 285 HWY #4
BAKER, FL 32531

Mailing Address

% GLENN HOWZE
PO BOX 285 HWY #4
BAKER, FL 32531



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number

59-3018522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWZE, GLENN P
5819 JACK STAKES RD.
BAKER, FL 32531

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HOWZE, DAVID
6156 HOLLOWAY RD
BAKER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DERRICK, L. WILFRED
4686 MIDDLEBROOKS RD
HOLT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWZE, LYNN H.
5409 HWY 4
BAKER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

L. Wilfred Derrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000386138
01/18/06-80048-00T 61.25

1-4-06 850-537
4141