

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 037 ****61.25

DOCUMENT # N02000004823 1. Entity Name TRI COUNTY BAPTIST CHURCH, INC.					
Principal Place of Business 10935 SE 177TH PLACE SUMMERFIELD, FL 34491			Mailing Address 10935 SE 177TH PLACE BOX 11 SUMMERFIELD, FL 34491		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0467851	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, ORIS L 16 GINGER CIR LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name LEROY J. FOSLER Street Address (P.O. Box Number is Not Acceptable) 11138 SE 173rd LANE City SUMMERFIELD FL Zip Code 34491	
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>Leroy J. Fosler - Treasurer</i></u> DATE <u>4/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAHAM, ORIS L 16 GINGER CIR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOSLER, LEROY J. 11138 SE 173rd LANE SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUDSON, DANIEL T 16 GINGER CIR LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, DANIEL T 33420 CR 468 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALOMON, E JAMES 16 GINGER CIR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOWARD, TERRY 12836 SE 91ST TERRACE RD. SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AUSTIN, FLOYD 16 GINGER CIR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIS, JACK 16805 SE 86th BERWICK TERR. THE VILLAGES, FL 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTECKI, WILLIAM 818 MIRANDA WAY THE VILLAGES, FL 32159	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YOUNG, VERNON 17902 SE 105th COURT SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Leroy J. Fosler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/2/06</u> <u>(352) 307-8494</u> <small>Date Daytime Phone #</small>		