## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009175

Entity Name: FOUNTAIN HEAD BAPTIST CHURCH, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

157 N DIVISION ST OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

157 N DIVISION ST OVIEDO, FL 32765 US

FEI Number: 59-3587954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLAIR, VICTOR 2734 WILLOW CREEK DRIVE OVIEDO, FL F32765 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: REV (X) Change ( ) Addition Name: BLAIR, VICTOR Name: BLAIR, VICTOR

 Address:
 2734 WILLOW CREEK DR
 Address:
 2734 WILLOW CREEK DR

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: D ( ) Delete Title: MR (X) Change ( ) Addition

 Name:
 MOSES, CLAFTON
 Name:
 MOSES, CLAFTON

 Address:
 1028 BECKSTROM DR
 Address:
 1028 BECKSTROM DR

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: D ( ) Delete Title: MRS (X) Change ( ) Addition

 Name:
 PERKINS, BRENDA
 Name:
 LEWIS, VIOLET

 Address:
 1101 WASHINGTON ST
 Address:
 175 REED AVENUE

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf MR} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 JONES, BENJAMIN
 Name:
 JONES, BENJAMIN

 Address:
 PO BOX 1197
 Address:
 PO BOX 1197

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 GENEVA, FL 32732

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR BLAIR REV 03/09/2006