

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# N02132

Entity Name: FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA INC.

Current Principal Place of Business:

16350 N.E. 148TH TERR. RD.
FT MCCOY, FL 32134

New Principal Place of Business:

Current Mailing Address:

16350 N.E. 148TH TERR. RD.
FT MCCOY, FL 32134

New Mailing Address:

FEI Number: 59-2754815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, DAVID E
16370 NE 148 TERRACE ROAD
FORT MC COY, FL 32134 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: TINDELL, LAVON
Address: 17893 NE 138TH AVENUE
City-St-Zip: FORT MC COY, FL 32134

Title: TD () Delete
Name: NICHOLS, JEANNETTE
Address: 14520 E. HWY 316
City-St-Zip: FORT MC COY, FL 32134

Title: PD () Delete
Name: ALLEN, DAVID E
Address: 16370 NE 148 TERRACE ROAD
City-St-Zip: FORT MC COY, FL 32134

Title: STD () Delete
Name: BLANCHARD, CAROLYN
Address: 17101 NE 148TH TERRACE ROAD
City-St-Zip: FORT MC COY, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID E. ALLEN

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date