

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90352 038 ****61.25

DOCUMENT # N03000001833 1. Entity Name FIRST BAPTIST CHURCH OF CHASSAHOWITZKA, INC.					
Principal Place of Business 10002 S RIVIERA PT HOMOSASSA, FL 34448			Mailing Address 10002 S RIVIERA PT HOMOSASSA, FL 34448		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1956709	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUERT, WILLIAM		NAME	BOWMAN, GREGORY	
STREET ADDRESS	4642 W MOCKINGBIRD		STREET ADDRESS	7806 W DEBRA LN	
CITY - ST - ZIP	HOMOSASSA, FL 34446		CITY - ST - ZIP	HOMOSASSA, FL 34448	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMRIL, BEATRICE		NAME	PELT, GENE	
STREET ADDRESS	8158 W BOUNTY CT		STREET ADDRESS	8440 W HERON CT	
CITY - ST - ZIP	HOMOSASSA, FL 34448		CITY - ST - ZIP	HOMOSASSA, FL 34448	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLETT, BETTY		NAME	PENROSE, JANET	
STREET ADDRESS	7640 W TROPICAL LANE		STREET ADDRESS	22 EUPHORBIA CT	
CITY - ST - ZIP	HOMOSASSA, FL 34448		CITY - ST - ZIP	HOMOSASSA, FL 34446	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: Janet L. Penrose <i>Janet L. Penrose, treasurer</i> 3/28/06 352-382-3585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					