


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008215
 1. Entity Name
FIRST BAPTIST CHURCH OF BASCOM, FLORIDA, INC.



Principal Place of Business Mailing Address
4951 BASSWOOD RD **P.O. BOX 7**
BASCOM, FL 32423 **BASCOM, FL**



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1853951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BONDURANT, FRANK E
4450 LAFAYETTE ST
MARIANNA, FL

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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 JAMES, BILLY 5040 OAK DR BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOUTHWELL, BRYANT 4862 GEORGIA RD BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRYAN, DOUG 5861 HUMMINGBIRD RD BASCOM, FL 32423
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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: DOUG BRYAN 2/13/06 850-526-4331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #