
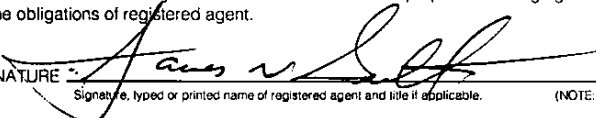
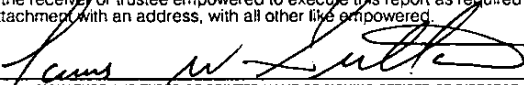


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 022 ****61.25

DOCUMENT # N03626 1. Entity Name CLAY SINK BAPTIST CHURCH, INC.					
Principal Place of Business 45242 LACOOCHEE-CLAY SINK RD WEBSTER, FL 33597			Mailing Address P.O. BOX 779 WEBSTER, FL 33597		
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 59-2437837	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARKER, MARVIN L 14603 CR 737 WEBSTER, FL 33597				Name James W. Sutton Street Address (P.O. Box Number is Not Acceptable) 823 C 478 A City Webster FL Zip Code 33597	
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.</small>				DATE 3/26/06 <small>(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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MARVIN L		NAME		
STREET ADDRESS	14603 CR 737		STREET ADDRESS		
CITY - ST - ZIP	WEBSTER, FL 33597		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORNS, ANDY		NAME		
STREET ADDRESS	17011 SPRING VALLEY RD		STREET ADDRESS		
CITY - ST - ZIP	DADE CITY, FL 33523		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, JAMES W		NAME		
STREET ADDRESS	823 C 478 A		STREET ADDRESS		
CITY - ST - ZIP	WEBSTER, FL 33597		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGC, GWENDOLYN		NAME		
STREET ADDRESS	2518 SR 471		STREET ADDRESS		
CITY - ST - ZIP	SUMTERVILLE, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, SUSAN A		NAME		
STREET ADDRESS	823 C478A		STREET ADDRESS		
CITY - ST - ZIP	WEBSTER, FL 33597		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Roy Van Nostran	
STREET ADDRESS			STREET ADDRESS	7601 E Warm Springs Ave	
CITY - ST - ZIP			CITY - ST - ZIP	Coleman, FL 33521	
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 live empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/26/06 <small>Daytime Phone #</small>	