


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009338**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF LAUREL HILL, INC.**



Principal Place of Business      Mailing Address  
 3972 SECOND AVE                      PO BOX 117  
 LAUREL HILL, FL 32567              LAUREL HILL, FL 32567

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 59-2348176      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, DAVID  
 3263 WALKER ROAD  
 LAUREL HILL, FL 32567

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	T
NAME	JACKSON, DAVID
STREET ADDRESS	3263 WALKER RD
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	T
NAME	JERNIGAN, EARL
STREET ADDRESS	7309 STEEL MILL CREEK RD
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	T
NAME	WYNN, JOE
STREET ADDRESS	8206 LUDLAM RD
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531304  
 05/06/06-80037-003 61.25

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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:** *David Jackson*      19 April 2006      850-652-4630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #