

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

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 004 ****61.25

DOCUMENT # N04000010155					
1. Entity Name DAMASCUS BAPTIST CHURCH OF GRACEVILLE, FLORIDA, INC.					
Principal Place of Business 5083 HIGHWAY 77 GRACEVILLE, FL 32440			Mailing Address 5083 HIGHWAY 77 GRACEVILLE, FL 32440		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2359064				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 JONES, JOHN L 5083 HIGHWAY 77 GRACEVILLE, FL 32440			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCHEN, GEORGE H. <input checked="" type="checkbox"/> Delete 5083 HIGHWAY 77 GRACEVILLE, FL 32440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, BARBARA <input type="checkbox"/> Delete 4145 HIGHWAY 77 GRACEVILLE, FL 32440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAXTON, WAYNE <input type="checkbox"/> Delete 735 MAIN ST CHIPLEY, FL 32428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, WILEY <input type="checkbox"/> Delete 5303 N. BROWN ST GRACEVILLE, FL 32440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, TOMMY <input type="checkbox"/> Delete 5069 HIGHWAY 77 GRACEVILLE, FL 32440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, STUART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5083 HIGHWAY 77 GRACEVILLE, FL 32440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

1-30-06