


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90034 013 \*\*\*\*61.25

DOCUMENT # *N05000001336*

1. Entity Name  
*First Baptist Church AT The Villages, Inc.*



**DO NOT WRITE IN THIS SPACE**

66006149

2. Principal Place of Business <i>The Villages, Florida</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>7748 SE Highway 42</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>Sumnerfield, FL</i>		City & State <i>Sumnerfield, FL</i>	
Zip <i>34491</i>	Country <i>Morion</i>	Zip <i>34491</i>	Country <i>Morion</i>

4. FEI Number  
*59-3800010* CR2E037B (8/05)  
~~85-80137315702-9~~

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

7. Name and Address of Current Registered Agent

Name  
*Jerry H. Montgomery*

Street Address (P.O. Box Number is Not Acceptable)  
*7748 SE Highway 42*

City  
*Sumnerfield* **FL** Zip Code  
*34491*

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

<b>FEE IS \$61.25</b> Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jerry H. Montgomery, Pastor</i> <i>7748 SE Highway 42</i> <i>Sumnerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Cornie Peterson, Treasurer</i> <i>7748 SE Highway 42</i> <i>Sumnerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Herb Knipe - Trustee</i> <i>7748 SE Highway 42</i> <i>Sumnerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rebecca Beahm - Trustee</i> <i>7748 SE Highway 42</i> <i>Sumnerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George Shealy - Trustee</i> <i>7748 SE Highway 42</i> <i>Sumnerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry H. Montgomery* *J-H-06* *352-20-7114*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
66006149

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

**FIRST BAPTIST CHURCH AT THE VILLAGES, INC.**  
7748 SE HWY, 42  
SUMMERFIELD, FL 34491

Subject: **FIRST BAPTIST CHURCH AT THE VILLAGES, INC.**

Reference Number: **N05000001336**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION