


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90133 030 \*\*\*\*70.00

<b>DOCUMENT # N05000002155</b> 1. Entity Name BRYCEVILLE FIRST BAPTIST CHURCH, INC.					
Principal Place of Business 7732 US HWY 301 PO BOX 2 BRYCEVILLE, FL 32009			Mailing Address 7732 US HWY 301 PO BOX 2 BRYCEVILLE, FL 32009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-1715151				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HYGEMA, DAVID 11837 CR 121 BRYCEVILLE, FL 32009			7. Name and Address of New Registered Agent Name <u>JAMES A. HICKS, JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6653 CHURCH AVE E.</u> City <u>BRYCEVILLE</u> FL <u>32009</u>		
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 <u>James A. Hicks Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-12-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYGEMA, DAVID 11837 CR 121 BRYCEVILLE, FL 32009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES A. HICKS JR. 6653 CHURCH AVE E. BRYCEVILLE, FL 32009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, LEWIS 7732 US HWY 301 BRYCEVILLE, FL 32009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, KEN 7732 US HWY 301 BRYCEVILLE, FL 32009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURAKER, EUGENE 7732 US HWY 301 BRYCEVILLE, FL 32009		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"/> Delete		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"/> Delete		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: <u>James A. Hicks Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>3-12-06</u> <small>Daytime Phone #</small>	