

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008334

FILED
Apr 04, 2006
Secretary of State

Entity Name: PAXTON BAPTIST CHURCH, INC.

Current Principal Place of Business:

21757 U.S. HWY. 331 NORTH
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1277
PAXTON, FL 32538

New Mailing Address:

FEI Number: 59-2624383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE, ALICE
62 HWY. 147 EAST
LAUREL HILLRINGS, FL 32567 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRASWELL, DERRY
Address: P.O. BOX 1195
City-St-Zip: PAXTON, FL 32538

Title: D () Delete
Name: SENN, BOBBY J
Address: 215 DEAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: SCHOFIELD, WILLIAM P
Address: 7 CATAWBA AVENUE
City-St-Zip: LOCKHART, AL 36442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE M. MCRAE

MRS.

04/04/2006

Electronic Signature of Signing Officer or Director

Date