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

changed, or on an attachment with an address, with all other like empowered. argel

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2006 8:00 am Secretary of State DOCUMENT # N05000009954 03-29-2006 90111 015 \*\*\*\*61 25 1. Entity Name POPLAR DELL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 2631 HIGHWAY 4A 2631 HIGHWAY 4A CENTURY, FL 32535 CENTURY, FL 32535 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. 02282006 Chg-NP CR2E037 (11/05) 4. FELNumber 59-2310376 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAVERS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 3651 HIGHWAY 4A CENTURY, FL 32535 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstaking DATE me of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 Delete TITLE ☐ Change ■ Addition TITLE **CHAVERS, GEORGE** NAME NAME STREET ADDRESS STREET ADDRESS 3651 HIGHWAY 4A CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIP Сhange ☐ Addition TITLE Delete NAME LANGFORD, GEORGE T. MAME STREET ADDRESS 2181 WEST STATELINE RD. STREET ADDRESS CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE FINDLEY, LEE ROY NAME NAME STREET ADDRESS 3765 HIGHWAY 4A STREET ADDRESS CITY-ST-7IP CENTURY, FL 32535 CITY-ST-ZIP ☐ Change Addition TITLE D ☐ Delete MAME JOHNSON, EVON NAME STREET ADDRESS STREET ADDRESS **675 BRIDLE PATH LANE** CITY-ST-ZIP FLOMATON, AL 36441 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCCALL, WILLARD KAME NAME STREET ADORESS STREET ADDRESS 251 POWELL CIR. CITY-ST-7IP FLOMATON, AL 36441 CITY-ST-ZIP Delete Ππ£ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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Date

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