

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90170 037 ****61.25

DOCUMENT # N05000010352 1. Entity Name SUWANNEE MISSIONARY BAPTIST ASSOCIATION INC					
Principal Place of Business 1747 SOUTH WALKER AVE LIVE OAK, FL 32064				Mailing Address 1747 SOUTH WALKER AVE LIVE OAK, FL 32064	
2. Principal Place of Business <i>Same as</i>		3. Mailing Address <i>Same as</i>			
Suite, Apt. #, etc. <i>Above</i>		Suite, Apt. #, etc. <i>Same as</i>			
City & State <i>Above</i>		City & State <i>Above</i>			
Zip 32064		Zip 32064			
Country USA		Country USA		4. FEI Number (EIN #) 59-2212349 (EIN #)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOUNTAIN, FRITZ DR 1747 SOUTH WALKER AVE LIVE OAK, FL 32064				7. Name and Address of New Registered Agent Name S.C. Sullivan Street Address (P.O. Box Number is Not Acceptable) 1747 S Walker Ave City Live Oak FL Zip Code 32060	
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 <i>S.C. Sullivan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 5-26-06 <small>DATE</small>	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAS, JIMMY 947 LIBERTY ST LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Minshew 298 SW Crest Glen Lake City FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEITHEN, DAVID 5081 CR 795 N LIVE OAK, FL 32060	<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	D PICKLES, WYNEMA 20961 LANCASTER RD LIVE OAK, FL 32060	<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	T SULLIVAN, S C PO BOX 303 LIVE OAK, FL 32064	<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
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: <i>Wynema M Pickles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/25/06 Daytime Phone # 386-362-1110		