


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011011		
1. Entity Name FLORIDA FAMILY FAITH BASED COALITION, INC.		

FILED

06 APR 20 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2351 NE 200TH AVE. WILLISTON, FL 32696	Mailing Address 2351 NE 200TH AVE. WILLISTON, FL 32696
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATTLES, WILLIE A 1290 NE SR 121 WILLISTON, FL 32696		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTLES, WILLIE A			NAME			
STREET ADDRESS	1290 NE SR 121			STREET ADDRESS			
CITY - ST - ZIP	WILLISTON, FL 32696			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, WILLIE			NAME			
STREET ADDRESS	2615 15TH STREET			STREET ADDRESS			
CITY - ST - ZIP	GAINESVILLE, FL 32641			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ROZELLA			NAME			
STREET ADDRESS	1120 SW SILVER SPRINGS BLVD.			STREET ADDRESS			
CITY - ST - ZIP	OCALA, FL 34474			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLSTON, ERNEST			NAME			
STREET ADDRESS	P.O. BOX 1651			STREET ADDRESS			
CITY - ST - ZIP	ALACHUA, FL 32615			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

300072886099
04/28/06--01052--015 **\$61.25

K Eckel APR 20 2006

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: Willie A. Battles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 3525283856
Date Daytime Phone #