

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-01-2006 90023 015 \*\*\*\*61.25

<b>DOCUMENT # N05067</b> 1. Entity Name <b>THE FIRST BAPTIST CHURCH OF SOUTHPORT, FLORIDA, INC.</b>					
Principal Place of Business <b>1732 BRIDGE ST P O BOX 8448 SOUTHPORT FL 32409</b>			Mailing Address <b>1732 BRIDGE ST P O BOX 8448 SOUTHPORT FL 32409</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2332147</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STAATS, ROBERT B 229 MCKENZIE AVE PANAMA CITY FL 32401</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROSS, JOSEPH</b>		NAME		
STREET ADDRESS	<b>1006 ALA. AVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>LYNN HAVEN FL 32444</b>		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVANUS, DAVID</b>		NAME		
STREET ADDRESS	<b>7425 RESOTA LN</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SOUTH PORT FL 32409</b>		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NICHOLS, RUDOLPH</b>		NAME	<b>Trustee</b>	
STREET ADDRESS	<b>1322 10TH ST.</b>		STREET ADDRESS	<b>Louis Walker</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL 32409</b>		CITY - ST - ZIP	<b>1805 Fay Dr. Southport, FL 32409</b>	
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <u>Louis C. Walker</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-13-06</b> <small>Date</small>		
			<b>265-5170</b> <small>Daytime Phone #</small>		

Louis C. Walker



ATTACHMENT

66005802

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

THE FIRST BAPTIST CHURCH OF SOUTHPORT, FLORIDA, INC.  
1732 BRIDGE ST  
P O BOX 8448  
SOUTHPORT, FL 32409

Subject: **THE FIRST BAPTIST CHURCH OF SOUTHPORT, FLORIDA, INC.**

Reference Number:

**N05067**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION