

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

FILED

Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N07845

1. Entity Name

GREENACRES CITY BAPTIST CHURCH HOLDING
COMPANY



Principal Place of Business

201 SWAIN BLVD.
GREENACRES CITY FL 33463
US

Mailing Address

201 SWAIN BLVD.
GREENACRES CITY FL 33463
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1637579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTEN, RONNIE
101 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: 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

TITLE D ☐ Delete
NAME ROBERT E LEE
STREET ADDRESS 27 LANCASTER DR
CITY-ST-ZIP GREEN ACRES FL

TITLE D ☐ Delete
NAME DONOVAN, NELL
STREET ADDRESS 4893 KIRK RD
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D ☐ Delete
NAME AMBURGEY, KATHLEEN
STREET ADDRESS 727 PARKWAY CT
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE D ☐ Delete
NAME POLK, DAVID
STREET ADDRESS 4662 EMPIRE WAY
CITY-ST-ZIP GREEN ACERS FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000518708
CITY-ST-ZIP 05/02/06-80023-020 61.25

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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 817, 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:

Ronnie Whitten

4-6-06