


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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 010 ****61.25

DOCUMENT # N08455			
1. Entity Name FIRST BAPTIST CHURCH OF CASSELBERRY, INC.			
Principal Place of Business 770 SEMINOLA BOULEVARD CASSELBERRY FL 32707		Mailing Address 770 SEMINOLA BOULEVARD CASSELBERRY FL 32707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1107558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLAYTON, SHEPPARD 139 MARK DAVID BLVD CASSELBERRY FL 32707		7. Name and Address of New Registered Agent	
		Name Randy E McCandless	
		Street Address (P.O. Box Number is Not Acceptable) 395 Caracas Drive	
		City Merritt Island	FL Zip Code 32593

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 *Randy E McCandless* DATE 02/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANDLESS, RANDY 5828 RIDGE CLUB LOOP #107 ORLANDO FL 32839 <input type="checkbox"/> Delete	TITLE <u>Only</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP Randy McCandless 395 Caracas Drive Merritt Island, FL 32593
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANNEL, VERA 875 TUMBLEWOOD LOOP CASSELBERRY FL 32707 <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	DP CLAYTON, SHEPPARD 139 MARK DAVID BLVD CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DP Drew Sheppard 101 Buckskin Way Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESKITE, DEBBIE 1583 CANTERBURY CIRCLE CASSELBERRY FL 32707 <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 WEBBER, FLORENCE 633 LAKE DOT CIRCLE APT #612 ORLANDO FL 32801 <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 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.

SIGNATURE: *Deborah A. Eskite (Deborah A. Eskite)* 4/17/06 407-695-0446