

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12724

FILED
Jan 20, 2006
Secretary of State

Entity Name: NEW RIVER BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

18435 US HWY 301 NORTH
PO BOX 358
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

NEW RIVER BAPTIST ASSOC.
P.O. BOX 358
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-1283830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, JOHN
100 W. CALL ST.
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNELL, JIM
Address: 5520 LODGE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VD () Delete
Name: HUGHES, DAN
Address: 6289 MARY DOT LANE
City-St-Zip: STARKE, FL 32091

Title: SD () Delete
Name: WHALEY, TOM
Address: 21248 NW SR 16
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: KUDYK, NICK
Address: P.O. BOX 1258
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BLAKESLEE, TERRY
Address: 513 E. WASHINGTON ST
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM SNELL

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date