

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N13401	
1. Entity Name CLUSTER SPRINGS BAPTIST CHURCH, INC.	

Principal Place of Business 1333 COUNTY HWY 1084 DEFUNIAK SPRINGS, FL 32433	Mailing Address 1333 COUNTY HWY 1084 DEFUNIAK SPRINGS, FL 32433
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DO NOT WRITE IN THIS SPACE



01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1957126	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
COON, J.B. 1431 BROWN RD. DEFUNIAK SPRINGS, FL 32433	

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IN THIS SPACE**

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 resigning) 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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COON, J.B. 1431 BROWN ROAD DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, TERRY J 748 THOMPSON ROAD DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, ANGELA H 1293 MCCULLOUGH RD DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BOBBY L 791 DR NELSON RD DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

UD00000401739
02/02/06-80058-004 61.25

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IN THIS SPACE**

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: J. B. Coon 1/21/06 850-834-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J. B. Coon