## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N16875**

1. Entity Name
FIRST BAPTIST CHURCH OF DELRAY BEACH, FLORIDA



FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90303 039 \*\*\*\*61.25

|   |   |                              |               |  |         | 100000                  | 52                      |   |   |                            |                           |                             |  |
|---|---|------------------------------|---------------|--|---------|-------------------------|-------------------------|---|---|----------------------------|---------------------------|-----------------------------|--|
| Principal Place of Business<br>16333 SO. MILITARY TRAIL<br>DELRAY BEACH, FL 33484-6628  |   |                              |               | Mailing Address<br>16333 SO. MILITARY TRAIL<br>DELRAY BEACH, FL 33484-6628 |         |                         |                         |   |   | U U                        | 4770                      |                             |  |
| Principal Place of Business     3. Mailing Address  |   |                              |               |  |         |                         |                         |   |   |                            |                           |                             |  |
| 16333   |   | 16333 S. Military Trl. 3348  |               |  |         |                         | IMIM MICHI CALIFI IMMAL | RIII MINTI MINII NSI                        | TIL MINN STATE MIN                      | HILL OF INSE               |                           |                             |  |
| Suite, Apt. #, etc.   |   |                              |               | Suite, Apt. #, etc.  |         |                         |                         | 01102006                                    | Chg-NP                                  | CR2E0                      | 37 (11/05)                |                             |  |
| City & State Delray Beach, FL 33484   |   |                              |               | City & State<br>16333 S. Military Tr                                       |         |                         | 3348                    | 4. FEI Number<br>4 59-0760                  |   |                            | <b>→</b>                  | oplied For<br>ot Applicable |  |
| Zip<br>33484  | Country USA   |                              |               | Zip Cour<br>33484 USA  |         |                         |                         | 5. Certificate o                            | f Status Desired                        | . 🗅                        | \$8.75 Add<br>Fee Require |                             |  |
|   | 6. Name   | and Address of Current I     | Registere     |  |         |                         |                         | 7. Name and Address of New Registered Agent |   |                            |                           |                             |  |
| REA, JON<br>15574 FIORENZA CR   |   |                              |               |  |         | <del></del>             |                         | glas Bivi<br>P.O. Box Number                |   | ble)                       |                           |                             |  |
| DELRAY B  | BEACH, FL   | L 33446                      |               |  |         |                         | 16333 S. Military Trail |   |   |                            |                           |                             |  |
|   |   |                              |               |  |         |                         |                         | y Beach                                     | , | FL                         | Zip Cod                   | e<br>184                    |  |
| 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 Agenture. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |                              |               |  |         |                         |                         |   |   |                            |                           |                             |  |
|   | •   | e is \$61.25<br>fay 1, 2006  |               | Election Campaign Financing     Trust Fund Contribution.                   |         |                         | ]                       | \$5.00 May Be<br>Added to Fees              |   | Make checi<br>lorida Depai | k payable to              |                             |  |
| 10.   |   | OFFICERS AND DIF             | ECTORS        |  | 11.     |                         |                         | ADDITIONS/CHA                               | NGES TO OFFI                            | CERS AND DI                | RECTORS IN                | 10                          |  |
| TITLE   | VC<br>ALLEN, H  | ACKNEY                       |               | ☐ Delete   | TITLE   | - I                     |                         | airman                                      | • •                                     |                            | ☐ Change                  | <b>■</b> Addition           |  |
| NAME<br>STREET ADDRESS  | ł   | 13 PLACE                     | NAME<br>STREE |  |         | ET ADORESS              |                         | Douglas Bivins<br>2383 SW 13 Way            |   |                            |                           |                             |  |
| CITY-ST-ZIP   | BOYNTO  | N BEACH, FL 33426            | CITY          |  |         | -ST-ZIP                 |                         | Boynton E                                   |   |                            |                           |                             |  |
| TITLE   | D   |                              |               | Delete   | TITLE   |                         |                         | •   |   |                            | ☐ Change                  | Addition                    |  |
| NAME<br>STREET ADDRESS  | PIGNATO, JAMÉS V<br>S 25 C STRATFORD DR   |                              |               | NAM<br>Stre  |         |                         |                         |   |   | •                          |                           | ,                           |  |
| CITY-ST-ZIP   |   | N BEACH, FL 33436            |               |  | -ST-ZIP |                         |                         |   |   |                            |                           |                             |  |
| TITLE   | SD  |                              |               | ☐ Delete   | titu    | E                       |                         |   |   |                            | Change                    | ☐ Addition                  |  |
| NAME  |   | CHARLES B                    |               |  | NAM     | 1                       |                         |   |   |                            |                           | ĺ                           |  |
| STREET ADDRESS CITY-ST-ZIP  | 615 LAKE  | : DRIVE<br>BEACH. FL 33444   |               |  |         | ET ADORESS<br>-ST-ZIP   |                         |   |   |                            |                           | 1                           |  |
| TITLE   | s   |                              |               | ☐ Delete   | TITLE   | E                       |                         |   |   |                            | ☐ Change                  | Addition                    |  |
| NAME  | REA, JON  |                              |               |  | NAM     | IE                      |                         |   |   |                            | -                         |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1   | DRENZA CR<br>BEACH, FL 33446 |               |  |         | EET ADDRESS<br>'-ST-ZIP |                         |   |   |                            |                           | į                           |  |
| TITLE   | DELIVATI  | BEACH, FE 33440              |               | ☐ Delete   | inte    |                         |                         |   |   |                            | ☐ Change                  | Addition                    |  |
| NAME  |   |                              |               | □ Deade  | NAM     |                         |                         |   |   |                            | ☐ Onmige                  |                             |  |
| STREET ADDRESS  |   |                              |               |  |         | EET AODRESS             |                         |   |   |                            |                           |                             |  |
| CITY-ST-ZiP   |   |                              |               | Поль   | ━       | -ST-ZIP                 |                         |   |   |                            |                           | Addition                    |  |
| TITLE<br>NAME   |   |                              |               | ☐ Delete   | TITE    |                         |                         |   |   |                            | ☐ Change                  | ☐ Addition                  |  |
| STREET ADDRESS  | ļ ,   |                              |               |  | - 6     | EET ADDRESS             |                         |   |   |                            |                           | }                           |  |
| CITY-ST-ZIP   | İ   |                              |               |  |         | -ST-ZIP                 |                         |   |   |                            |                           |                             |  |
| indicated   | 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: Douglas C. Burns Douglas C. SIGNAFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Douglas C. Bivins 561 495-5000