


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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90068 020 ****61.25

DOCUMENT # N18756	
1. Entity Name FIVE POINTS BAPTIST CHURCH, FERNANDINA BEACH, FLORIDA, INC.	

Principal Place of Business 736 BONNIEVIEW DR. FERNANDINA BEACH FL 32034 US	Mailing Address 736 BONNIE VIEW ROAD FERNANDINA BACH FL 32034 US
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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 59-1681477		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 COLEMAN, ROSCOE D 1307 CLINCH DR. FERNANDINA BEACH FL 32034		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRAZELL, CLYDE			NAME	Norman M. Ogilvie		
STREET ADDRESS	1970 OAK DRIVE			STREET ADDRESS	1918 Clinch Drive		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKOX, LUCY			NAME			
STREET ADDRESS	941 SWEETBRAIR LANE SO.			STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ELMER			NAME			
STREET ADDRESS	1825 CLINCH DR			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCOY, LINDA			NAME			
STREET ADDRESS	1428 PLANTATION OAKS LANE			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, ROSCOE D			NAME			
STREET ADDRESS	1307 CLINCH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: *Roscoe D. Coleman*

Roscoe D. Coleman

1/20/06 (904)261-4615