


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19855</b> 1. Entity Name <b>THE EVELNAR MISSIONARY BAPTIST CHURCH INC.</b>	
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Principal Place of Business <b>2820 CARVER AVE CRESTVIEW, FL 32536-8965 US</b>	Mailing Address <b>2820 CARVER AVE CRESTVIEW, FL 32536-8965 US</b>
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02262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
  
**MCLAUGHLIN, LOREAN  
5551 BRACKIN  
CRESTVIEW, FL 32539**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE **2-26-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, JEROME 105 POINTER LANE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLAUGHLIN, LOREAN 5551 BRACKIN CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, TONY 115 NICOLE LN CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, BENJAMIN 101 FOREST DR FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC MERRILL, RUDOLPH 503 W GRIFFIN AVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JOYCE 339 HUDSON DR CRESTVIEW, FL 32539

**DO NOT WRITE  
IN THIS SPACE**

U00000451734  
03/10/06-80067-002 61.25

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: *Loreau Mclaughlin* **2-26-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR