


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N21869 1. Entity Name FIRST BAPTIST CHURCH OF HOMELAND, INC.	
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Principal Place of Business 205 CHURCH AVE HOMELAND, FL 33847 US	Mailing Address PO BOX 675 HOMELAND, FL 33847 US
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01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent PULLEY, RANDALL 4529 OLLIE ROAD LAKELAND, FL 33810	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**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	D SILER, HENRY PO BOX 656 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYCOCK, ALCUS PO BOX 64 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLEY, RANDALL 4529 OLLIE ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, BENNY 1810 EMERSON AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/06-80071-017 61.25

**DO NOT WRITE
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: Rev. Randall Pulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06 (863) 499-0950
Date Daytime Phone #