

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

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90174 035 \*\*\*\*61.25

**DOCUMENT # N24502**

1. Entity Name

SANTA FE BAPTIST CHURCH, INC.



Principal Place of Business

7505 CR 236  
SANTA FE FL 32616  
US

Mailing Address

7505 NWCR 236  
ALACHUA FL 32615  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2961144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CARTER, CAROLYN S~~  
~~4611 NW 244 AVE~~  
~~LA CROSSE FL 32658~~

Name Tammy S. Davis

Street Address (P.O. Box Number is Not Acceptable)  
1260 SE 40th Ave

City Trenton

**FL**

Zip Code 32693

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SMITH, ERNEST  
STREET ADDRESS PO BOX 1306 1403 NW 53 AVE  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE V ☐ Delete  
NAME WILLIAMS, TOMMY  
STREET ADDRESS 23608 NW 202 ND STREET  
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE STD ☐ Delete  
NAME HILL, PATRICIA H  
STREET ADDRESS 5916 NW 234 AVE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE T ☐ Delete  
NAME BRAGG, TERESA  
STREET ADDRESS PO BOX 183  
CITY-ST-ZIP LACROSSE FL 32658

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Thomas F. Williams Thomas F. Williams 2/15/06 386 462-7514