

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 Mailing Address
 7505 CR 236 7505 NWCR 236
 SANTA FE FL 32616 ALACHUA FL 32615
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2961144 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CARTER, CAROLYN S~~
~~4611 NW 244 AVE~~
~~LA CROSSE FL 32658~~

7. Name and Address of New Registered Agent
 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: Tammy S. Davis Tammy S. Davis, Clerk 02-15-06
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	<input type="checkbox"/> Delete
NAME	SMITH, ERNEST	
STREET ADDRESS	PO BOX 1306 1403 NW 53 AVE	
CITY-ST-ZIP	GAINSVILLE FL 32653	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, TOMMY	
STREET ADDRESS	23608 NW 202 ND STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HILL, PATRICIA H	
STREET ADDRESS	5916 NW 234 AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAGG, TERESA	
STREET ADDRESS	PO BOX 183	
CITY-ST-ZIP	LACROSSE FL 32658	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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