


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

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N26020
1. Entity Name
**TRUSTEE CORPORATION OF THE PHILADELPHIA
BAPTIST CHURCH, INC.**



Principal Place of Business
**15835 169TH RD
MCALPIN, FL 32062 US**

Mailing Address
**P. O. BOX 275
LIVE OAK, FL 32060-0275 US**



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2456558 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JOHN A
511 HAWKINS STREET
LIVE OAK, FL 32064**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 | SD AVERA, D.J. 13877 165 RD LIVE OAK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LORD, SIDNEY 13206 SR 51 LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, JOHN A 511 HAWKINS STREET LIVE OAK, FL 32064 |
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01/24/06 80009-013 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #