

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

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90077 037 \*\*\*\*70.00

**DOCUMENT # N29073**

1. Entity Name

CANEY CREEK BAPTIST CHURCH, INCORPORATED



Principal Place of Business

CANEY CREEK BAPTIST CHURCH  
5113 STATE HWY 2 WEST  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address

CANEY CREEK BAPTIST CHURCH  
5113 STATE HWY 2 WEST  
DEFUNIAK SPRINGS FL 32433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2000779

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

MATHEWS, GEORGE L  
3979 STATE HWY 2 W  
DEFUNIAK SPGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*George L Mathews*

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

(NOTE: Registered Agent signature required when reinstating)

1-23-06

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 D ☐ Delete  
NAME DAVIS, THOMAS O  
STREET ADDRESS 1888 HARRISON ROAD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE T ☐ Delete  
NAME MATHEWS, LARRY  
STREET ADDRESS 3979 STATE HWY 2 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE D ☐ Delete  
NAME GRAMMER, AMOS  
STREET ADDRESS 144 WILKERSON RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE C ☐ Delete  
NAME TARVIN, ELLEN  
STREET ADDRESS 886 HARRISON RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE S.S. Supervisor ☐ Delete **Add**  
NAME Chester Wilkerson  
STREET ADDRESS 486 Wilkerson Rd.  
CITY-ST-ZIP Defunial Springs, Fl. 32433

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  
NAME  
STREET ADDRESS  
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:

*George L Mathews*

1-23-06 8508344345