

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90301 034 ****70.00



DOCUMENT # N34626
 1. Entity Name
FIRST BAPTIST OF BRANNANFIELD, INC.

Principal Place of Business
908 BRANNANFIELD ROAD
MIDDLEBURG, FL 32068 US

Mailing Address
P.O. BOX 622
MIDDLEBURG, FL 32050-0622 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



05022006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

SMITH, DAVID (deceased)
83 MANDRAKE ST
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name **JACK Lee (Rev.)**
 Street Address (P.O. Box Number is Not Acceptable)
8438 Spencers TRACE COURT
 City **JACKSONVILLE** FL Zip Code **3222**

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 *Jack Lee (Rev.)* DATE 5-2-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 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	VD	<input type="checkbox"/> Delete
NAME	JERED, JERRIS	
STREET ADDRESS	1207 RAVENS TRACE LANE	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RILES, WALTER	
STREET ADDRESS	1653 BIG BRANCH RD	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	83 MANDRAKE ST	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	STD Larry Alvis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2021 Liberty Way	
STREET ADDRESS	Middleburg Fl. 32068	
CITY-ST-ZIP		
TITLE	P Barry Miham	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7443 C.R. 121	
STREET ADDRESS	Bryceville Fl. 32009	
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
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 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: *Jack Lee* **5-2-06** **904-779-6888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #