

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC 4 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N35437</b> 1. Entity Name <b>WELCOME STRANGER MISSIONARY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>906 N W 9TH AVENUE P.O. BOX 6091 OCALA, FL 34475-5920</b>			Mailing Address <b>906 N W 9TH AVENUE P.O. BOX 6091 OCALA, FL 34475-5920</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIMSLEY, GEORGE JR. 2629 N W 21ST STREET OCALA, FL 34475			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 <u>George Grimsley Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-29-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T GRIMSLEY, TORONDA <input type="checkbox"/> Delete		TITLE	T Willie Washington <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	2629 NW 21ST STREET		NAME	1714 S.W. 7th Place	
STREET ADDRESS	OCALA, FL 34475		STREET ADDRESS	Ocala, FL 34474	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T SMITH, DOUGLAS <input checked="" type="checkbox"/> Delete		TITLE	T Otis Street Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1218 N.W. 20TH COURT		NAME	1421 N.W. 18th Ave.	
STREET ADDRESS	OCALA, FL		STREET ADDRESS	Ocala, FL 34475	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T WILLIAMS, MARTIN <input type="checkbox"/> Delete		TITLE		
NAME	21 NW 7TH TERR		NAME		
STREET ADDRESS	OCALA, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	O MCNEIL, EUGENE <input type="checkbox"/> Delete		TITLE		
NAME	1941 S.W. 7TH PLACE		NAME		
STREET ADDRESS	OCALA, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T WELCOME, MARY L <input type="checkbox"/> Delete		TITLE		
NAME	418 NW 20TH AVE		NAME		
STREET ADDRESS	OCALA, FL 34470		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Mary L Welcome</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>11/29/06</u> <small>Date</small>		
			Daytime Phone # _____		

12/5/06