

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

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # N37808**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF GREENSBORO, INCORPORATED, GADSDEN COUNTY, GREENSBORO,**

Principal Place of Business: **101 E GADSDEN STREET GREENSBORO FL 32330**  
 Mailing Address: **P.O. BOX 100 GREENSBORO FL 32330**

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

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **59-2402509** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIS, W.E., SR.  
 HWY. #12  
 GREENSBORO FL 32330**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>MACON, CHARLIE</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 127, HWY 12 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO FL 32330</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>WILLIS, W.E.</b>		NAME		
STREET ADDRESS	<b>205 SELMAN STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO FL 32330</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>KEVER, TERRY</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 257 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENSBORO FL 32330</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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.