


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

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90040 012 \*\*\*\*61.25

<b>DOCUMENT # N39046</b>							
1. Entity Name <b>FIRST BAPTIST CHURCH OF WINTER BEACH, INC.</b>							
Principal Place of Business 6655 N. US #1 WINTER BEACH, FL 32971		Mailing Address P.O. BOX 156 WINTER BEACH, FL 32971					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02012006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>59-1971712</b> <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MAIN, LEAH R</b> <b>864 MULBERRY ST</b> <b>SEBASTIAN, FL 32958</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, ALFRED J		NAME	Gerald B. Heckman			
STREET ADDRESS	5940 26TH ST.		STREET ADDRESS	6315 48th Avenue			
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32967			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HECKMAN, BERARD		NAME	Linda Brannan			
STREET ADDRESS	6315 48 AVENUE		STREET ADDRESS	9675 Fleming Grant Road			
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	Micco, FL 32976			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAIN, LEAH		NAME				
STREET ADDRESS	864 MULBERRY		STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Kathy H. Heckman			
STREET ADDRESS			STREET ADDRESS	6315 48th Avenue			
CITY-ST-ZIP			CITY-ST-ZIP	VERO BEACH, FL 32967			
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				
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.							
SIGNATURE: <i>Kathy H. Heckman</i>			Date: 2/1/06		Daytime Phone #: 772-473-1183		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		

ATTACHMENT

40013665

#N 390410

FIRST BAPTIST CHURCH OF WINTER BEACH

Post Office Box 156

Winter Beach, FL 32971

772 567-3335

*Randy Irons, Pastor*

*Joe Maldonado, Youth Pastor*

February 1, 2006

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

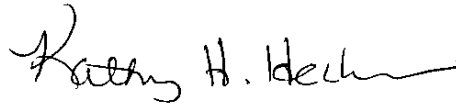
RE: Annual Report

Dear Sir/Madam:

Enclosed please find our 2006 Annual Report and check in the amount of \$61.25 for the filing fee.

If you have any questions, please contact us.

Sincerely,



Kathy H. Heckman  
Church Clerk

enclosures