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

ANNUAL REPORT (AR)					FILED			
DOCU 1. Entity Nar	MENT # N40032	**************************************		A_{l}		06 08:00 ry of Stat		
FLOROS.	A BAPTIST CHURCH, INC.					<i>y</i>		
Principal Plac	ce of Susiness	Mailing Address						
102 CHURC MARY ESTI	CH STREET HER FL 32569	_102 CHURCH STREET MARY ESTHER FL 325	69					
2. Principal Place of Business		3. Mailing Address		1 10000111	RS MAR MARMAS MERSIS MERSIM ABATA ABATA TA 	DI BIBN 815N 815N 816N 816N 81	\$}}} a } a }} a	
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st	MOORE C	CR2E037 (10/05)	· ·	
Orty & State		City & State		4. FEI Number	59-3051099	5	oplied Far at Applicable	
Ζιρ	Country	Zip	Country		f Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	gistered Agent		
PAF	RRISH, JAMES M	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	5 BISCAYNE BLVD VARRE FL 32566		- Cook Addition)		 	
			City		,	FL Zip Coo	te	
8. The above	a named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both	in the State of Flor		and accept	
(ne obliga	tions of registered agent.				t t			
SIGNATURE	Signature typed or printed name of registered agen	and trie if applicable (NOTE	Regislated Agent signatura requi	red when remalating)		DATE		
					1 De la 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	;	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Can Trust Fund C	rpaign Financing Contribution.	\$5.00 May Be Added to Fees		e Check Payable a Department of		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICER	S AND DIRECTORS IN	/ 10	
TITLE NAME	IDP PARRISH, JAMES M.	☐ Delete	71TLE NAME		•	☐ Change	Addition	
STREET AUDRESS CITY-ST-ZIP	2025 BISCAYNE BLVD NAVARRE FL		STRLET ADORESS CITY-ST-ZIP		04/26/06-80	5248 110-005 61.2	25	
TRILE	DV ETHEREDGE, ELIZABETH G.	☐ Defete	THE		(☐ Change	Addition	
NAME STREET ADDRESS	200 W. MIRACLE STRIP PWY	· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS		}			
DITY-ST-ZIP	FT. WALTON BEACH FL	☐ Delete	THE			☐ Change	 Addition	
NAME	SCOTT, BETTY	□ Deiαe	NAME			Gradge		
STREET ADDRESS CITY-ST-71P	4706 BAY BREEZE DRIVE GULF BREEZE FL 32561		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TALE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		ı			
CITY-SI-ZIP			CHY-SI-ZIP					
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITCE		1	☐ Change	Addition	
NAME			NAME			C countie	in whaten	
STREET ACORESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP					
	earth, that the information cumplied with	b this files does not a safe to	with a complete and a contribution		This are the		-6	

r nereby certify that the information supplied with this filling 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 path; 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.

Pres

3-13-06 850 936-9864