2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42699

FILED Apr 05, 2006 Secretary of State

Entity Nam	ne: ADAMSVIL	LE BAPTIST CHURCH, INC.		,
Current Pri	incipal Place o	of Business:	New Principal Place	e of Business:
4839 E CR WILDWOOI	468 D, FL 34785	US		
Current Ma	iling Address	:	New Mailing Addres	ss:
P. O. BOX 3 WILDWOOI	309 D, FL 34785	US		
FEI Number:	59-3051495	FEI Number Applied For () FEI N	ımber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cเ	rrent Registered Agent:	Name and Address	of New Registered Agent:
WALLS, CH				
5067 CR 11 WILWOOD,		US		
5067 CŘ 11 WILWOOD,	, FL 34785 named entity su		of changing its registere	ed office or registered agent, or both,
5067 CR 11 WILWOOD, The above r	FL 34785 named entity su of Florida.		of changing its registere	ed office or registered agent, or both,
5067 CR 11 WILWOOD, The above r in the State	, FL 34785 named entity su of Florida. E:		of changing its registere	ed office or registered agent, or both, Date
5067 CR 11 WILWOOD, The above r in the State SIGNATUR	, FL 34785 named entity su of Florida. E:	ubmits this statement for the purpose		
5067 CR 11 WILWOOD, The above r in the State SIGNATUR	named entity su of Florida. E:Electronic	ubmits this statement for the purpose Signature of Registered Agent ORS:		Date
5067 CR 11 WILWOOD, The above r in the State SIGNATUR OFFICERS Title: Name: Address:	AND DIRECT DA () I WILLIAMS, JAME 6469 CR 601-B BUSHNELL, FL	ubmits this statement for the purpose Signature of Registered Agent ORS: Delete ES Delete J,	ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY N. WILLIAMS D 04/05/2006