




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90009 009 \*\*\*\*70.00

<b>DOCUMENT # N43436</b> 1. Entity Name <b>FT. DRUM COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>32415 ROUTE 441 NORTH FT. DRUM COMMUNITY, FL 34972</b>			Mailing Address <b>32415 ROUTE 441 NORTH FT. DRUM COMMUNITY, FL 34972</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<p>40010000</p>  <p>01212006 Chg-NP CR2E037 (11/05)</p>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2752744</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<p>40010000</p>  <p>01212006 Chg-NP CR2E037 (11/05)</p>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HUNTER, E. T. 1930 TYLER ST. HOLLYWOOD, FL 33020</b>					
<b>7. Name and Address of New Registered Agent</b>  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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/TR TERRY, SANDRA 34145 NW 29TH AVE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, DWAN 655 NE 361ST CT OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete		TERRY, FORREST 34145 NW 29th Ave Okeechobee FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCH, JUDITH 2151 NW 399TH ST. OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, JERRY 7414 NW 96TH CT OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGLO, JOHN 12150 NE 22ND AVE. OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSBIN, DENNIS 204 NE 342 TRAIL OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Sandra Terry</u> <span style="float: right;">1-31-06 863-467-1733</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					