

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43459

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** SHADY HAMMOCK BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1155 SHADY OAKS DR  
LAKE WALES, FL 33898 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7459  
INDIAN LAKE ESTATES, FL 33855 US

**New Mailing Address:**

**FEI Number:** 59-3077884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DICKEY, BRYANT H REV.  
1308 KEYSTONE POINT  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DICKEY, BRYANT H PASTOR  
Address: 1308 KEYSTONE POINT  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: ALFORD, BILL DEACON  
Address: 623 FLAMINGO DR P.O. BOX7097  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: T ( ) Delete  
Name: WEBB, BILL  
Address: 35333 CANTERBURY DR.  
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete  
Name: COLLINS, MATTHEW L  
Address: 220 BREEZE HILL  
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete  
Name: AVARD, DUANE  
Address: 902 VALENCIA DR. P.O. BOX 7343  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: REV. H. BRYANT DICKEY

D

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date