

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 026 ****61.25

DOCUMENT # N44683

1. Entity Name
FIRST BAPTIST CHURCH OF SUNNYSIDE, FLORIDA, INC.



Principal Place of Business
**21321 PANAMA CITY PKWY.
PANAMA CITY BCH, FL 32413**

Mailing Address
**21321 PANAMA CITY PKWY.
PANAMA CITY BCH, FL 32413**

50010925



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3048037

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOLE, THOMAS
3910 WAND STREET
PANAMA CITY BEACH, FL 32413**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BLAND, CONNIE**
STREET ADDRESS **130 N WELLS ST**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FABJOHN, CINDY**
STREET ADDRESS **16259 E LULLWATER DR**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☒ Change ☐ Addition
NAME **Fabjon, Cindy**
STREET ADDRESS **16259 E. Lullwater Dr.**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **D** ☐ Delete
NAME **HELTON, GRANT**
STREET ADDRESS **308 CASA PLACE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☒ Change ☐ Addition
NAME **Grant, Melton**
STREET ADDRESS **308 Casa Pl.**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **T** ☒ Delete
NAME **EASKOLD, SANDRA P**
STREET ADDRESS **504 POTTER PL**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **T** ☒ Change ☒ Addition
NAME **Williams, Robert N.**
STREET ADDRESS **10006 Steel Field Rd.**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Robert N. Williams Apr 8, 2006 (850) 832-5985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #