

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N46935

1. Entity Name
**THE FIRST BAPTIST CHURCH OF DELAND, FLORIDA,
INCORPORATED**



Principal Place of Business
**725 N WOODLAND BLVD
DELAND, FL 32720**

Mailing Address
**725 N WOODLAND BLVD
DELAND, FL 32720**



02142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0696286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAINES, BRENDA
2679 WHITEHURST RD
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

February 17, 2006
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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MEDLIN, JAMES
809 W HOWRY AVE
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MIZE, JIM
4234 MAPLE LEAF LANE
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
HEACOCK, CHARLES
1034 TORCHWOOD DR
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000460879
03/20/06-80028-009 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Heacock

2/23/06
Date

*(386)
734-5085*
Daytime Phone #