


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N93000000294 |  |
| 1. Entity Name EAST FLORIDA DISTRICT PRIMITIVE BAPTIST ASSOCIATION, INC. | |

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| Principal Place of Business 3950 JUANITA AVE. FORT PIERCE, FL 34950 US | Mailing Address 1730 ECHO LAKE DRIVE WEST PALM BEACH, FL 33407 US |
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0387054 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HENDLEY, CHARLES L
2201 SAN DIEGO AVE
FORT PIERCE, FL 34446**

DO NOT WRITE IN THIS SPACE

6. 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 _____

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUKE, KENNETH A 15893 S. W. 52ND STREET MIRAMAR, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHESTER, JAMES 1730 ECHO LAKE DR. WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCCARTY, MITCHELL 2102 AVENUE O FORT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, PAYTON 1054 REVILLA LANE ROCKLEDGE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HENDLEY, CHARLES L 2201 SAN DIEGO AVENUE FORT PIERCE, FL 34946 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD INGRAHAM, CHRIS 15321 SW 46TH CT MIRAMAR, FL 33027 |

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U00000429999
02/22/06-80030-012 61.25

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: James H. Chester 2/1/06 561-842-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #