

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 041 ****61.25

DOCUMENT # N93000001174

1. Entity Name

**FIRST BAPTIST CHURCH OF MILLIGAN, FLORIDA,
INC.**



Principal Place of Business

**5238 OLD RIVER ROAD
BAKER FL 32531
US**

Mailing Address

**5238 OLD RIVER ROAD
BAKER FL 32531
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3179562

Applied For

Not Applicable

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

**PEACOCK, RONALD
1710 DADS ROAD
BAKER FL 32531**

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 reinstating)

DATE

**FILE NOW: 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 ☐ Delete
NAME **D**
STREET ADDRESS **JT GARRETT**
CITY-ST-ZIP **5403 OLD BETHEL RD
CRESTVIEW FL 32536**

TITLE ☐ Change ☒ Addition
NAME *Wade Wilkinson*
STREET ADDRESS *5215 Hwy 4*
CITY-ST-ZIP *Baker Fl. 32531*

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELSIE GARRETT**
CITY-ST-ZIP **5403 OLD BETHEL RD
CRESTVIEW FL 32536**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RONALD PEACOCK**
CITY-ST-ZIP **1710 DADS RD
BAKER FL 32531**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GWEN PEACOCK**
CITY-ST-ZIP **1710 DADS RD
BAKER FL 32531**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GARRETT, PHILIP**
CITY-ST-ZIP **931 C-4-A
BAKER FL 32531**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SARAH BENOIT**
CITY-ST-ZIP **1864 GARRETT MILL RD
BAKER FL 32531**

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 Section 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: *Ronald Peacock*

4/19/06