2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-10-2006 90328 043 ****61.25

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

Principal Place of Business	Mailing Address
301 E. MOODY BLVD. BUNNELL, FL	P.O. BOX 365 BUNNELL, FL 32110-0365

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03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1883327
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUCKETT, RICHARD
13 LAKESIDE PLACE WEST
PALM COAST, FL 32137

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T
NAME	RIZZO, JOSEPH
STREET ADDRESS	P.O. BOX 350418/56 EATHAN ALLEN DR.
CITY-ST-ZIP	PALM COAST, FL 32135
TITLE	T
NAME	WHITAKER, BARBARA
STREET ADDRESS	703 N ANDERSON S T
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	CP
NAME	HESSLER, SHIRLEY
STREET ADDRESS	255 PARKVIEW DRIVE
CITY-ST-ZIP	PALM COAST, FL 321645684
TITLE	T
NAME	BEMBRY, MELBA
STREET ADDRESS	P O BOX 916
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	T
NAME	HOLDRIDGE, WILBUR
STREET ADDRESS	1720 CR 13 RT 1 BOX 22
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	D
NAME	STARLING, DAVID
STREET ADDRESS	P O BOX 1454
CITY-ST-ZIP	BUNNELL, FL 32110

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