

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 043 ****61.25

DOCUMENT # N93000001268	
1. Entity Name FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.	

Principal Place of Business 301 E. MOODY BLVD. BUNNELL, FL	Mailing Address P.O. BOX 365 BUNNELL, FL 32110-0365
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DO NOT WRITE IN THIS SPACE

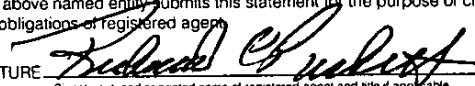


03222006 No Chg-NP CR2E037 (11/05)

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

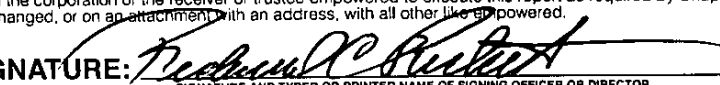
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIZZO, JOSEPH P.O. BOX 350418/56 EATHAN ALLEN DR. PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITAKER, BARBARA 703 N ANDERSON S T BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HESSLER, SHIRLEY 255 PARKVIEW DRIVE PALM COAST, FL 321645684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEMBRY, MELBA P O BOX 916 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLDRIDGE, WILBUR 1720 CR 13 RT 1 BOX 22 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, DAVID P O BOX 1454 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 or empowered.
SIGNATURE:  DATE: _____ Daytime Phone #: _____