

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001841

FILED
Jan 07, 2006
Secretary of State

Entity Name: WARDS CREEK BAPTIST CHURCH, INC.

Current Principal Place of Business:

7730 COUNTY RD 13 N
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

7730 COUNTY RD 13 N
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-1619084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIBBS, SHARRON A
8256 RIVER ROAD
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTHEWS, GARY
Address: 6440 SR 13 N
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VST () Delete
Name: FULLER, B. J.
Address: 5646 SR 16 LOT C
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SDTD () Delete
Name: CRIBBS, SHARRON A
Address: 8256 RIVER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: MULLIS, JOHN
Address: 4975 CR 205
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: TEETER, BERT
Address: 5605 C.R. 210 WEST
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: ALLEN, CHARLES
Address: 7945 C.R. 13 N
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DIOTTE, LOUIS
Address: 8205 CR 208
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARRON A. CRIBBS

MRS

01/07/2006

Electronic Signature of Signing Officer or Director

Date