

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

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 002 ****61.25

DOCUMENT # N93000003655

1. Entity Name

FIRST BAPTIST CHURCH OF QUINCY, INC.



Principal Place of Business

**210 WEST WASHINGTON STREET
QUINCY FL 32351**

Mailing Address

**PO BOX 70
QUINCY FL 32353**



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

59-0760202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**BISHOP, GRINELLE
703 S MADISON ST.
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

BRUCE THOMAS

Street Address (P.O. Box Number is Not Acceptable)

412 N JACKSON ST

City

QUINCY

FL

Zip Code
32351

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, GRINELLE	
STREET ADDRESS	703 S MADISON ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUCE, THOMAS	
STREET ADDRESS	412 N JACKSON ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	HWY 12	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRCLOTH, J NEAL	
STREET ADDRESS	221 W WASHINGTON ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWEN, LEEANN	
STREET ADDRESS	1182 LONNIE CLARK RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUBER, VIRGINIA	
STREET ADDRESS	710 BELLAMY DR.	
CITY-ST-ZIP	QUINCY FL 32351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN REESE	
STREET ADDRESS	996 AUGUSTINE RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE THOMAS	
STREET ADDRESS	412 N JACKSON ST	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED RHOADS	
STREET ADDRESS	319 N 11th ST	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Bruce Thomas**

4/3/06

850-875-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #