


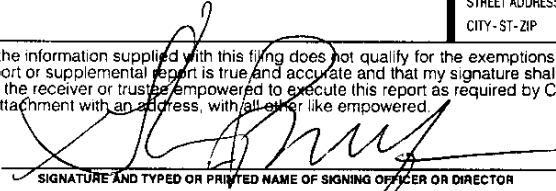
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2006 90166 030 \*\*\*\*70.00

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DOCUMENT # N93000005812					
1. Entity Name FIRST BAPTIST CHURCH OF EUSTIS, INC.					
Principal Place of Business 3551 E ORANGE AVE EUSTIS, FL 32736 US			Mailing Address P.O. BOX 129 EUSTIS, FL 32726		
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 NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, GLENN 1800 LAKE TERRACE DR EUSTIS, FL 32736			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP <input type="checkbox"/> Delete	TITLE	DVP, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, GLENN	NAME	COLLINS, DONNA		
STREET ADDRESS	1800 LAKE TERRACE DR	STREET ADDRESS	23235 SR 44		
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	EUSTIS, FL 32726		
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PAYNTER, JAY	NAME	GODWIN, Gregory		
STREET ADDRESS	2607 WATERVIEW DR	STREET ADDRESS	P.O. Box 1571		
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	MT DORA, FL 32756		
TITLE	D <input type="checkbox"/> Delete	TITLE	D, VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COLLINS, DONNA	NAME	DANNY CADDELL		
STREET ADDRESS	23235 SR 44	STREET ADDRESS	P.O. Box 677		
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	TAVARES, FL 32778		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	GAVIN, GEORGE	NAME			
STREET ADDRESS	41419 TARPON AVE	STREET ADDRESS			
CITY-ST-ZIP	UMATILLA, FL 32784	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		