
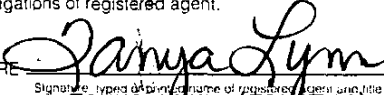



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90223 002 ****61.25

DOCUMENT # N94000000478					
1. Entity Name FIRST BAPTIST CHURCH OF WAKULLA STATION, FL. INC.					
Principal Place of Business HWY. 363 WAKULLA STATION FL			Mailing Address 945 WOODVILLE HWY CRAWFORDVILLE FL 32327		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, HENERY 768 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327			7. Name and Address of New Registered Agent Name TANYA LYNN Street Address (P.O. Box Number is Not Acceptable) 165 DEEPWOOD DRIVE City CRAWFORDVILLE FL Zip Code #0832329		
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  TANYA LYNN, (TRUSTEE)			April 10, 2006		
FILE NOW: 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 NAME STREET ADDRESS CITY - ST - ZIP	TRC LANGSTON, CURTIS 110 SAM SMITH CIR CRAWFORDVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRC DESTEFANO, FRANK 44 Page Oliver Road Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR RUSSELL, MABEL S 206 OLD NAILS ROAD CRAWFORDVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR KINNEY, PAUL R. 127 Savannah Road Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR LESLEY, LEON M 79 KIRKLAND DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR LYNN, TANYA 165 Deepwood Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  GLOBIA DESTEFANO, TREASURER) 4/10/06 850-421-1215