

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 002 ****61.25

DOCUMENT # N94000001690

1. Entity Name
FIRST BAPTIST CHURCH OF MONTVERDE, INC.



Principal Place of Business 17409 8TH STREET P O BOX 560134 MONTVERDE, FL 34756 US	Mailing Address FIRST BAPTIST CHURCH P O BOX 560134 MONTVERDE, FL 34756 US
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40047149



04082006 Chg-NP CR2E037 (11/05)

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 59-3241149	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, KENT
9934 SPRINGLAKE DRIVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	T	<input type="checkbox"/> Delete
NAME	TEMPNER, WILLIAM	
STREET ADDRESS	13106 SHORE DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANE, IRWIN E	
STREET ADDRESS	16525 LOWRY RD	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOODFIN, MONTE E	
STREET ADDRESS	3725 DOUNE WAY	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUSAN D	
STREET ADDRESS	3647 HAWKSHEAD DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, KENT	
STREET ADDRESS	9934 SPRINGLAKE DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Correct: Tempner	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bright, Sidney	
STREET ADDRESS	16431 Magnolia Bluff	
CITY-ST-ZIP	Montverde, FL. 34756	
TITLE	T-Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearce Helen	
STREET ADDRESS	P.O. 560656	
CITY-ST-ZIP	Montverde, FL. 34756	
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 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: Kent Wilson **4-9-06** **407-469-4561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #