2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N94000003552

Entity Name: KINGSWOOD BAPTIST CHURCH, INC.

Current Principal Place of Business:

9206 KINGSWOOD ROAD
SOUTHPORT, FL 32409 US

New Principal Place of Business:

Current Mailing Address:

9206 KINGSWOOD ROAD
SOUTHPORT, FL 32409 US

New Mailing Address:

FEI Number: 59-3001075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACLIN, FAITH
9206 KINGSWOOD ROAD
SOUTHPORT, FL 32409 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: P ( ) Delete
Name: TILLMAN, VIRGIL
Address: 2210 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete
Name: BOOTH, VICKY
Address: 9206 KINGSWOOD ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: D ( ) Delete
Name: BRANNON, GENE
Address: 7637 KINGSWOOD RD
City-St-Zip: SOUTHPORT, FL 32409

Title: VD ( ) Delete
Name: TURNER, MICKEY
Address: PO BOX 1035
City-St-Zip: SOUTHPORT, FL 32404

Title: D ( ) Delete
Name: ROGERS, JOAN
Address: 9713 RESOTA BEACH RD.
City-St-Zip: SOUTHPORT, FL 32409

Title: FS ( ) Delete
Name: FAITH, ACLIN
Address: 9206 KINGSWOOD ROAD
City-St-Zip: YOUNGSTOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: MC CLEARY, JAN
Address: 9206 KINGSWOOD ROAD
City-St-Zip: SOUTHPORT, FL 32409

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:

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: FAITH ACLIN FS 01/10/2006
Electronic Signature of Signing Officer or Director Date