

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 022 ****61.25

DOCUMENT # N94000003999

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



Principal Place of Business
**116 E 6 AVE
HAVANA, FL 32333**

Mailing Address
**P O BOX 586
HAVANA, FL 32333 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1489880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAY, KENNETH
104-7TH ST NE
HAVANA, FL 32333**

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

**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	CT	<input type="checkbox"/> Delete
NAME	MCMILLAN, ALEX	
STREET ADDRESS	216 LIVE OAK LN	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAY, KENNETH	
STREET ADDRESS	104 7TH ST NE	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	PULVERMULLER, KARL	
STREET ADDRESS	1020 CONRAD HILLS RD	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILCOX, ROLAND	
STREET ADDRESS	487 FRANCES DRIVE	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, EUGENE	
STREET ADDRESS	2067 KEMP ROAD	
CITY-ST-ZIP	HAVANA, FL 32333	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: *Kenneth Gay* **KENNETH GAY** **04/02/06 (850) 539-5957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #