

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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 040 ****61.25

DOCUMENT # N94000004210

1. Entity Name

FAITH BAPTIST CHURCH OF MADISON, FL INC.



Principal Place of Business

1505 E BASE ST
MADISON FL 32340

Mailing Address

1505 E BASE ST
MADISON FL 32340

2. Principal Place of Business

1135 EAST U.S. 90

Suite, Apt. #, etc.

MADISON, FLORIDA

City & State

3. Mailing Address

1135 EAST U.S. 90

Suite, Apt. #, etc.

MADISON, FLORIDA

City & State

Zip

32340

Country

USA

Zip

32340

Country

USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2292141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, AL SR
235 FLORIDA LOOP
RT. 1, BOX 1189
MADISON FL 32340

7. Name and Address of New Registered Agent

Name AL MURPHY SR.

Street Address (P.O. Box Number is Not Acceptable)
221 S.W. FLORIDA LOOP

City MADISON

FL

Zip Code 32340

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 *AL MURPHY SR.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/06

DATE

FILE NOW: 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 DP
NAME MURPHY, AL SR ☐ Delete
STREET ADDRESS 221 SOUTHWEST FLORIDA LOOP
CITY-ST-ZIP MADISON FL 32340

TITLE DVP
NAME WALLER, MADGE ☐ Delete
STREET ADDRESS RT. 2, BOX 6200
CITY-ST-ZIP MADISON FL 32340

TITLE DST
NAME MURPHY, VIRGINIA ☐ Delete
STREET ADDRESS 221 SOUTHWEST FLORIDA LOOP
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE WALLER, MADGE ☒ Change ☐ Addition
NAME
STREET ADDRESS 514 N.E. CELOSIA DRIVE
CITY-ST-ZIP MADISON, FLORIDA 32340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 *AL MURPHY SR.*

1/30/06 850 973 2887