

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

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 027 ****70.00

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1. Entity Name

FAITH BAPTIST CHURCH OF POLK COUNTY, INC.



Principal Place of Business

922 MAGNOLIA AVENUE
AUBURNDALE FL 33823

Mailing Address

P.O. BOX 564
LAKE ALFRED FL 33850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3289676

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, RUTH S
713 ROSE STREET S #10
AUBURNDALE FL 33823

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME PATTERSON, RUTH S
STREET ADDRESS 713 ROSE STREET S #10
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE **SD** ☐ Change ☒ Addition
NAME **Rebecca Parrish**
STREET ADDRESS **269 South Shore Dr.**
CITY-ST-ZIP **Engle Lake, Florida 33839**

TITLE **VPD** ☒ Delete
NAME **PARMER, HOUSTON**
STREET ADDRESS 602 PINE STREET
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE **PD** ☐ Delete
NAME **PATTERSON, RONNIE A**
STREET ADDRESS 713 ROSE STREET S #10
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE **SD** ☒ Delete
NAME **DOWNS, DORIS**
STREET ADDRESS 260 E. HOFFMAN ST
CITY-ST-ZIP LAKE ALFRED FL 33850

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

TITLE **TD** ☒ Delete
NAME **GUY, BILLY J**
STREET ADDRESS 101 SMITH ST.
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE ☐ Delete
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 67, 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:

Ronnie A Patterson **PD** 02/22/06 863-551-1422