

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90086 007 \*\*\*\*61.25

**DOCUMENT # N95000005537**

1. Entity Name  
**FIRST BAPTIST CHURCH OF ALTURAS, INC.**



Principal Place of Business  
**7690 POINSETTA AVENUE  
ALTURAS, FL 33820 US**

Mailing Address  
**P. O. BOX 38 N/A  
ALTURAS, FL 33820 US**

**50002370**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3389858**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HIELSCHER, EVELYN  
3RD STREET AND OAK DRIVE  
ALTURAS, FL 33820**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NATION, DANNY PO BOX 38-7690 POINSETTA AVE ALTURAS, FL 33820	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYNARD, VIRGINIA PO BOX 38 - 7690 POINSETTA AVE ALTURAS, FL 33820	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARACE, CATHY PO BOX 38 - 7690 POINSETTA AVE ALTURAS, FL 33820	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIELSCHER, RAYMURL 2555 OAK DRIVE ALTURAS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORUSCHAK, MARK A REV PO BOX 38- 7690 POINSETTA AVE ALTURAS, FL 33820	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMOND, MICHAEL 812 AUSTIN CIRCLE BARTOW, FL 33830	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trustee Tony Lynn PO Box 38 - 7690 Poinsettia Ave Alturas, FL 33820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Mellany Cole P.O. Box 38 - 7690 Poinsettia Ave. Alturas, FL 33820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Paul Maynard P.O. Box 38 - 7690 Poinsettia Ave. Alturas, FL 33820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Michael Hammond PO Box 38 - 7690 Poinsettia Ave Alturas, FL 33820

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:** *Mellany A. Cole* **MELLANY A. COLE** *3/8/06* *8639449443*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #