

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


4/1

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-12-2006 90089 003 ****61.25



1st MOORE CR2E037 (10/05)

| | | | |
|--|---------|---|--|
| DOCUMENT # N9600004920 | |  | |
| 1. Entity Name BLUE LAKE BAPTIST CHURCH OF CHIPLEY, INC. | | | |
| Principal Place of Business 1405 BLUE LAKE ROAD CHIPLEY FL 32428 | | Mailing Address 1405 BLUE LAKE ROAD CHIPLEY FL 32428 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3412845 | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KENT, RICHARD 736 GILBERT DRIVE CHIPLEY FL 32428 | | 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 who filed if applicable

(NOTE: Registered Agent regularly required when re-registering)

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 | T CHAIRMAN | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KENT, RICHARD | | | NAME | | | |
| STREET ADDRESS | 736 GILBERT DRIVE | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CHIPLEY FL 32428 | | | CITY- ST- ZIP | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SULLIVAN, DOUG | | | NAME | | | |
| STREET ADDRESS | 877 CLAYTON RD | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CHIPLEY FL 32428 | | DECEASED | CITY- ST- ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VINSON, HAROLD | | | NAME | | | |
| STREET ADDRESS | 1724 TOOLE CIR | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CHIPLEY FL 32428 | | | CITY- ST- ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAROLD BRANHAM | | | NAME | | | |
| STREET ADDRESS | PO BOX 283 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CHIPLEY FL 32428 | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | 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: Richard J. Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850)638-4161
Date of Filing