


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

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004970			
1. Entity Name FAITH BIBLE CHURCH OF PORT ST. JOE, FLORIDA, INC.			
Principal Place of Business 801 20TH STREET PORT ST. JOE FL 32456		Mailing Address 801 20TH STREET PORT ST. JOE FL 32456	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHISOLM, MICHAEL R 801 20TH STREET PORT ST. JOE FL 32456		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TAYLOR, BILL R		
STREET ADDRESS	1802 MARVIN AVE		
CITY-ST-ZIP	PORT ST JOE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHISHOLM, MICHAEL R		
STREET ADDRESS	1106 LONG AVE		
CITY-ST-ZIP	PORT ST. JOE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GODFREY, ELMORE		
STREET ADDRESS	209 16TH STREET		
CITY-ST-ZIP	PORT ST. JOE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DOOLITTLE, BERT		
STREET ADDRESS	401 14TH ST		
CITY-ST-ZIP	PORT ST JOE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	QUARLES, JACKIE		
STREET ADDRESS	2103 CONSTITUTION DRIVE		
CITY-ST-ZIP	PORT ST JOE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALLYN, BILL		
STREET ADDRESS	510 WELDON DRIVE		
CITY-ST-ZIP	PORT ST JOE FL		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1648475** Applied For Not Applied

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

U00000424841
 02/18/06-80068-009 61.25

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.