


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005309</b>	
1. Entity Name FIRST BAPTIST CHURCH OF MAXVILLE, INC.	

Principal Place of Business 8635 MAXVILLE BOULEVARD JACKSONVILLE, FL 32234	Mailing Address 8635 MAXVILLE BOULEVARD JACKSONVILLE, FL 32234
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**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3432324	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  COVERDALE, DAVE 8635 MAXVILLE BLVD. JACKSONVILLE, FL 32234
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIS, HENRY 8625 MAGNOLIA ST. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVERDALE, DAVE 306 NORTH ROAD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, DONALD F 20199 NORMANDY BLVD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINBOTHAM, DOROTHY 18257 FLORIDA AVENUE JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, SYLVIA 8635 MAXVILLE BLVD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000504935  
04/26/06-80097-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4-8-06 (904) 289-7095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #