


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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 042 ****70.00

DOCUMENT # N97000001319

1. Entity Name
WHITE POND BAPTIST CHURCH OF ALFORD, FLORIDA, INC.



Principal Place of Business Mailing Address

**1392 FAITH DRIVE
ALFORD FL 32420
US**

**P.O. BOX 458
ALFORD FL 32420
US**

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 Applied For

NO-T APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNETT, BILL
1787 TENNESSEE ST.
ALFORD FL 32420**

7. Name and Address of New Registered Agent

Name **JAMES GRICK**

Street Address (P.O. Box Number is Not Acceptable)
3341 PEANUT RD

City **COTTONDALE** FL Zip Code **32431**

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: *James Grick* DATE: 3-1-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, BILL	
STREET ADDRESS	PO BOX 85	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRICK, JAMES	
STREET ADDRESS	3341 PEANUT RD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, BILL	
STREET ADDRESS	PO BOX 85	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GRICK, JAMES	
STREET ADDRESS	3341 PEANUT RD.	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, GRICK	
STREET ADDRESS	3341 PEANUT RD	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES STORES	
STREET ADDRESS	2754 GARDENVIEW Rd.	
CITY-ST-ZIP	Alford, FL 32420	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANDA BARBER	
STREET ADDRESS	1371 GRISSETT RD	
CITY-ST-ZIP	ALFORD, FL 32420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JAMES GRICK *James Grick* Date: 2/27/06 Deadline Phone #: 850 352 4330

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