


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90002 003 ****61.25

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DOCUMENT # N97000002900							
1. Entity Name FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, INC., A NONPROFIT FLORIDA CORPORATION							
Principal Place of Business 46 9TH STREET APALACHICOLA, FL 32320		Mailing Address 46 9TH STREET APALACHICOLA, FL 32320					
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 59-2182368			
				Applied For 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				
WHITE, RICHARD B 103 21ST AVE APALACHICOLA, FL 32320			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 of current registered agent and title (abolished) (2007) Registered Agent signature required when remaining</small> DATE _____							
Filing 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WHITE, RICHARD B		NAME				
STREET ADDRESS	103 21ST AVE		STREET ADDRESS				
CITY- ST- ZIP	APALACHICOLA, FL 32320		CITY- ST- ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MEDLEY, OSCAR		NAME				
STREET ADDRESS	115 AVENUE B		STREET ADDRESS				
CITY- ST- ZIP	APALACHICOLA, FL 32320		CITY- ST- ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WHITE, MARJORIE C CLERK		NAME				
STREET ADDRESS	103 21ST AVENUE		STREET ADDRESS				
CITY- ST- ZIP	APALACHICOLA, FL 32320		CITY- ST- ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KEMBRO, GREGORY G		NAME				
STREET ADDRESS	1570 LINDEN ROAD		STREET ADDRESS				
CITY- ST- ZIP	APALACHICOLA, FL 32320		CITY- ST- ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	MILLER, JAMES H		NAME	D LARRY GRIFFIN			
STREET ADDRESS	HWY 98 & ISLAND DRIVE		STREET ADDRESS	981 WYLONDA AVE.			
CITY- ST- ZIP	EASTPOINT, FL 32328		CITY- ST- ZIP	EASTPOINT, FL 32328			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VANVLEET, LOUIS		NAME				
STREET ADDRESS	30 SHADOW LANE		STREET ADDRESS				
CITY- ST- ZIP	APALACHICOLA, FL 32320		CITY- ST- ZIP				
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: <i>Richard B. White</i>		RICHARD B. WHITE		1/3/06 850 653-9540			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			