

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90140 030 \*\*\*\*70.00

**DOCUMENT # N97000006683**

1. Entity Name  
**EBRO BAPTIST CHURCH CORPORATION**



Principal Place of Business

5360 CASEY ROAD  
EBRO, FL 32437 US

Mailing Address

P O BOX 7  
EBRO, FL 32437 US



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3482714

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN, WILLIAM H  
899 NORTH BEACH WAY  
PANAMA CITY BEACH, FL 32407

**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

*William H. Warren*

*William H Warren*

*3-29-06*

Signature, typed or printed name of registered agent and title if applicable.

(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	TD WARREN, WILLIAM H 899 N. BEACH WAY PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IVEY, GLEN 5524 COWFORD ROAD EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SALYERS, NOAH P O BOX 9 EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Faye Bradley 5414 Little Acre Rd. EBRO FL. 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect. Pauline Wilson 450 Howell Bluff Rd Bruce Fl. 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*William H. Warren*

*William H Warren*

*3-29-06 (850)381 0493*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #