

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

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001501 1. Entity Name FELLOWSHIP BAPTIST CHURCH OF RAIFORD, INC.					
Principal Place of Business HWY. 121, P. O. BOX 338 RAIFORD FL 32083			Mailing Address HWY. 121, P. O. BOX 338 RAIFORD FL 32083		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2624700	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, JOHN S 100 W. CALL ST. STARKE FL 32091				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, GERALD P. O. BOX 494 RAIFORD FL 32083		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHADD, LINDA P.O. BOX 310 WORTHINGTON SPRINGS FL 32697		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SINGLETARY, GENA P.O. BOX 44 RAIFORD FL 32083		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, ROY P. O. BOX 44 RAIFORD FL 32083		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		



1st MOORE CR2E037 (10/05)
 59-2624700
 \$8.75 Additional Fee Required

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: *[Handwritten Signature]* 2-16-06 386-496-11611