

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

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 043 ****61.25



DOCUMENT # N98000004552

1. Entity Name

NEW HOME BAPTIST CHURCH OF GRACEVILLE, INC.

Principal Place of Business

**494 NEW HOME CIRCLE
GRACEVILLE FL 32440**

Mailing Address

**C/O ROBERT HICKS
670 SATELLITE RD
GRACEVILLE FL 32440**

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)



DOCUMENT ID: 59-2363254

4. FEI Number

59-2363254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, ROBERT
494 NEW HOME CIRCLE
GRACEVILLE FL 32440**

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

Robert L Hicks

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

(NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME KIRKLAND, MARION
STREET ADDRESS 5717 HWY 77
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE D Delete
NAME COOLEY, MARY NELL
STREET ADDRESS 4213 COOLEY RD
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE VD Delete
NAME SHIVER, DOYLE
STREET ADDRESS 487 TRI COUNTY RD
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE D Delete
NAME HUGHES, HUEY REV
STREET ADDRESS 2986 POST OAK RD
CITY-ST-ZIP SLOCOMB AL 36375

TITLE STD Delete
NAME HICKS, ROBERT
STREET ADDRESS 670 SATELLITE RD.
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD Change Addition
NAME Cain, Linda
STREET ADDRESS 706 3rd St
CITY-ST-ZIP Chipley, FL 32428

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME Hicks Robert
STREET ADDRESS 670 Satellite Rd
CITY-ST-ZIP Graceville, FL 32440

TITLE Change 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:

Robert L Hicks