

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007311

FILED
Mar 06, 2006
Secretary of State

Entity Name: LONG AVENUE BAPTIST CHURCH OF PORT SAINT JOE, FLORIDA, INC.

Current Principal Place of Business:

1601 LONG AVE.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 38
PORT ST. JOE, FL 32456

New Mailing Address:

P. O. BOX 38
PORT ST. JOE, FL 32457

FEI Number: 59-1083043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUTY, BRUCE R
1601 LONG AVE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURCH, RUSSEL
Address: 2009 MARVIN AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T () Delete
Name: WILLIAMS, TOMMY
Address: 1314 WOODWARD AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T () Delete
Name: WALTON, RALPH
Address: 504 10TH ST
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HARRISON, CECIL
Address: 137 BELLAMY CIRCLE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T (X) Change () Addition
Name: GEOGHAGAN, DENNIS
Address: 1912 FOREST PARK AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T (X) Change () Addition
Name: MIZE, JOHNNY
Address: 391 CHAPEL LANE
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL HARRISON

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03/06/2006

Electronic Signature of Signing Officer or Director

Date