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

DOCUMENT # N9900001554 1. Entity Name ATHENS BAPTIST CHURCH, INC.				Mar 17, 2006 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		
9090 SW COUNTRY RD 240		9090 SW COUNTRY R 240	ID .	s especific 1919 (1919) franc drawl drawl drawl drawl drawl drawl commit commit die Colon August 18 (1889)
LAKE CITY FL 32024		LAKE CITY FL 32024		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. ff, etc.		Suite, Apt, #, etc.		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
KITCHINGS, WALLACE F 8060 SW COUNTY RD 240				(P.O. Bax Number is Not Acceptable)
LAKE CITY FL 32024			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.				
SIGNATURE	Skynerure, typed or printed neme of registered agen		E Repistered Agent signature require	rd when reinstating) DATE
	FILE NOW: FEE IS \$61,25 Due By May 1, 2006 OFFICERS AND D	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
MITE	D	☐ Delete	TITLE	C1 Change D Addition
NAME STREET ADDRESS CITY-S7-ZIP	MEEKS, LEON 8619 SW COUNTY RD, 240 LAKE CITY FL 32024		name Street address City-SI-Zip	03/29/06-80041-024 61.25
TITLE	D	□ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CTTY-ST-ZIP	KITCHINGS, WALLACE F 8060 SW COUNTY RD, 240 LAKE CITY FL 32024		HAME STRECT AUDRESS CITY-ST-ZIP	
TITLE	D	☐ Livelete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	FAUL, HARVEY C 1422 SW ICHETUCKNEE AVE LAKE CITY FL 32024		NAME STREET ADDRESS CTP-ST-ZIP	
mir		☐ Delete	TITLE	☐ Change ☐ Addition
NAME PERSON ADDRESS	}		NAME STUEET ADDRESS	
STREET ADDRESS CATY-ST-ZIP			CITY: ST-ZIP	
TIME		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZV?			CITY-ST-ZIP	
TITLE NAME		☐ Oclete	TITLE NAME	☐ Cliange ☐ Addition
STREET ADDRESS CITY-ST-ZIF			STREET ADDRESS CITY-ST-ZIP	
12. I hereby indicated of the could change	certify that the information supplied will on this report or supplemental report inporation or the receiver or trustee emit, or on an attachment with an address	in this filling does not qualify it is true and accurate and that it cowered to execute this repor- iss, with all other like empower	for the exemptions contains my signature shall have the stas required by Chapter 6 red. ARVEY C. FAUL	ed in Section 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes, and that my name appears in Block 10 or Block 11
CICNAT	WEE. (/Xarvey /	· House	nisector	3-13-06 386.752-4375

FILED