


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001763 1. Entity Name DINSMORE BAPTIST CHURCH, INC.	
--	---

Principal Place of Business 10500 OLD KINGS RD. JACKSONVILLE, FL 32219	Mailing Address 10500 OLD KINGS RD. JACKSONVILLE, FL 32219
--	--

DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0737870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, FRED W 7909 SYCAMORE STREET JACKSONVILLE, FL 32219
--

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000423719 02/18/06-80010-016 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, FRED W 7909 SYCAMORE STREET JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALLETTE, ROBERT A JR 9208 PLUMMER ROAD JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MARGUERITE 9800 PLUMMER RD. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, JAMES N 8048 SYCAMORE LANE N. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Fred W Lee Fred W. Lee 1/29/06 7643268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #