

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

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N99000004863

**1. Entity Name
FOREST GROVE BAPTIST CHURCH, INC.**



**Principal Place of Business
22575 NW 94TH AVE
ALACHUA, FL 32615**

**Mailing Address
22575 NW 94TH AVE
ALACHUA, FL 32615**



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
58-2496778**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CELLON, KATHY
22575 NW 94TH AVE
ALACHUA, FL 32615**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-----------------------------------|
| TITLE | S/D |
| NAME | CELLON, KATHY |
| STREET ADDRESS | 23028 N.W. COUNTY RD. 2054 |
| CITY-ST-ZIP | ALACHUA, FL 32615 |
| TITLE | D/V/P |
| NAME | DAVIS, RONALD |
| STREET ADDRESS | 24203 NW 94TH AVE |
| CITY-ST-ZIP | ALACHUA, FL 32615 |
| TITLE | D |
| NAME | HOURIGAN, BRENDA |
| STREET ADDRESS | 9512 NW SR 45 |
| CITY-ST-ZIP | HIGH SPRINGS, FL 32643 |
| TITLE | T/D |
| NAME | STEELE, SANDRA |
| STREET ADDRESS | 20222 NW 138TH AVE |
| CITY-ST-ZIP | HIGH SPRINGS, FL 32643 |
| TITLE | P/D |
| NAME | TRULUCK, JOEL |
| STREET ADDRESS | 23014 N.W. COUNTY RD. 2054 |
| CITY-ST-ZIP | ALACHUA, FL 32615 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**U00000532513
05/06/06-80088-003 61.25**

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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: *Kathy Cellon Kathy Cellon, Secretary, Reg. Agent 4-20-06 386-462-3921 ext 100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #