


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90033 017 \*\*\*\*61.25

<b>DOCUMENT # N99000007107</b>					
<b>1. Entity Name</b> BREWER LAKE BAPTIST CHURCH OF DAY, FLORIDA, INC.					
<b>Principal Place of Business</b> POST OFFICE BOX 119 DAY, FL 32013			<b>Mailing Address</b> POST OFFICE BOX 119 DAY, FL 32013		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2340063	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, WAYMAN 4259 NW CR 251 MAYO, FL 32066			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WAYMAN 4259 NW CR 251 MAYO, FL 32066	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VTD DEES, KENNETH 704 NW DEES ROAD MAYO, FL 32066	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHANAN, MARVIN 3665 NW CR 348 MAYO, FL 32066	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HURST, RICHQRD 5436 NW CR 251 MAYO, FL 32066	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, MATTHEW 727 NW BANTA ACRES ROAD MAYO, FL 32066	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BROUGHTON, ALLEN PO BOX 51 DAY, FL 32013	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					