## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #709501** 02-20-2006 90058 034 \*\*\*\*70.00 VALLEY ROAD BAPTIST CHURCH OF CRESTVIEW, INC. Principal Place of Business Mailing Address 1018 VALLEY RO. 1018 VALLEY RD. CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 05-0016102-02-0669511 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BRYAN, JANET S 5741 WILDWOOD RD** Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW, FL 32536-9544 City Zip Code 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 Stoneture, typed or crinted name of recritized event and title if annicable (NOTE: Recistored Agent signature required when rematating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ΤD ☐ Delete TITLE ☐ Change Addition FOREHAND, MARY S NAME 5277 GODFREY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition **BRYAN, JANET** NAME NAME STREET ADDRESS **5741 WILDWOOD ROAD** STREET ADDRESS CRESTVIEW, FL CITY-ST-7IP กกกกก CITY\_ST\_7IP TITLE ☐ Delete ☐ Change TITLE Addition FOREHAND, EDWARD STREET ADDRESS 5277 GODFREY ST. STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 00000. CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition WILLIS, TIMOTHY J NAME NAME STREET ADDRESS 2591 VICTORIA PL STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 00000, CITY-ST-ZIP TOTE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

February 16, 2006 850-682-4513
Date Daysine Prone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 20, 2006 8:00 am