


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90034 008 ****70.00

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1. Entity Name
FAITH BAPTIST CHURCH, INC. OF MARIANNA



40012693



Principal Place of Business
 2494 HWY 71 S
 MARIANNA, FL 62244-253 US

Mailing Address
 2494 HWY 71 S
 MARIANNA, FL 62244-253 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

02032006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, TIMOTHY N
 2345 SAPP RD
 COTTONDALE, FL 32431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	OXENDINE, GARY U	
STREET ADDRESS	3193 ADAMS ST.	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, TIMOTHY	
STREET ADDRESS	2345 SAPP ROAD	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JASON T	
STREET ADDRESS	1399 MILLSPRINGS RD	
CITY-ST-ZIP	GRAND RIDGE, FL 32442	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAND, DONALD	
STREET ADDRESS	4991 LAND DR.	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dallas Sapp	
STREET ADDRESS	3888 Whispering Pines	
CITY-ST-ZIP	Greenwood, FL 32443	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Sanders **2/6/06** **(850) 573-1891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #