

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90123 018 ****70.00

DOCUMENT # 732331

1. Entity Name
**FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA,
INC.**



Principal Place of Business Mailing Address
1200 N.W. 12TH AVE. 104 SW 12th Ave 1200 N.W. 12TH AVE. 104 SW 12th Ave
P.O. BOX 67 P.O. BOX 67
LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054

2. Principal Place of Business
104 SW 12th Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 67
Suite, Apt. #, etc.



02202006 Chg-NP CR2E037 (11/05)

City & State
Lake Butler, Fl 32054

City & State
Lake Butler, Fl 32054

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32054

Country
Union

Zip
32054

Country
Union

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

6. Name and Address of Current Registered Agent

MCDAVID, TERRY
200 NORTH MARION STREET
LAKE CITY, FL

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE - **OD** ☒ Delete
NAME **TORBERT, WILLIAM E**
STREET ADDRESS **ROUTE 3 BOX 615**
CITY-ST-ZIP **LAKE BUTLER, FL**

TITLE **TD** ☐ Delete
NAME **MELTON, OTIS**
STREET ADDRESS **307 S. CHURCH ST.**
CITY-ST-ZIP **STARKE, FL**

TITLE **OD** ☐ Delete
NAME **BRIGHT, BILL**
STREET ADDRESS **12781 ST RD 100W**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Otis Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Otis Melton

March 5, 2006

Date

904-984 5827
Daytime Phone #