

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 017 ****61.25

DOCUMENT # N10516
 1. Entity Name
FAITH BIBLE BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
 PO BOX 678 PO BOX 678
 P.O. BOX 678 P.O. BOX 678
 CENTURY FL 32535 CENTURY FL 32535



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **63-6104252** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
STOKES, GENE
6840 BRATT ROAD
(PO BOX 678)
CENTURY FL 32535

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]* DATE **2-6-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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	T	<input type="checkbox"/> Delete
NAME	BONDURANT, JEREMY	
STREET ADDRESS	5346 JOHN LOWERY RD.	
CITY-ST-ZIP	JAY FL 32565	
TITLE	T	<input type="checkbox"/> Delete
NAME	GODWIN, MARCUS	
STREET ADDRESS	111 COX RD.	
CITY-ST-ZIP	MC DAVID FL 32568	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, CLIFF	
STREET ADDRESS	760 BRIGGS BLVD	
CITY-ST-ZIP	CENTURY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, COLLIN	
STREET ADDRESS	206 CHURCH STREET	
CITY-ST-ZIP	FLOMATON AL	
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		<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		
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 Section 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: *[Signature]* **2-6-06 251-296-4684**