2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 707461

1. Entity Name
JOHNSON CHAPEL OF LAUREL FLA INC

Principal Place of Business	Mailing Address
506 CHURCH STREET P.O. BOX 601 LAUREL, FL 34272-0601	506 CHURCH STREET P.O. BOX 601 LAUREL, FL 34272-0601

01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

BECKOM, WILLIE J.
732 HIDERBERG STREET
LAUREL, FL 34272

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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 $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKOM, W.J. REV
STREET ADDRESS	732 HIDERBERG STREET
CITY-ST-ZIP	LAUREL, FL 34272
TITLE	VD
NAME	HARVIN, WADE
STREET ADDRESS	1588 22ND STREET
CITY-ST-ZIP	SARASOTA, FL
TITLE	SD
NAME	MCCOY, B. J
STREET ADDRESS	404 COLLINS RD
CITY-ST-ZIP	LAUREL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80009-004 70.00

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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: BJ McCoy BJ McCoy 1-14-06 941-488-28[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #