2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90031 007 ****61.25

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1. Entity Name
FIRST ASSEMBLY'S CHURCH ON THE RIDGE, INC. OF FROSTPROOF, FLORIDA

60015769

Principal Place of Business	Mailing Address
825 CR 630A P.O. BOX 247 FROSTPROOF, FL 33843	825 CR 630A P.O. BOX 247 FROSTPROOF, FL 33843

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2369998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALATI, KELLY P.
PO BOX 247
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name WAYNE Lee, Jr.
Street Address (P.O. Box Number is Not Acceptable) 825 County Road 630 A
City Frostproof FL Zip Code 33843

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALATI, KELLY P. 825 CR 630A FROSTPROOF, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D & Treasurer JASON A. True 8 Fort Clinch Heights Rd. Frostproof, Fl. 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ Director BRASWELL, WILLIAM KEITH 406 WEBBER COURT BABSON PARK, FL 33827 (Change position)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. WAYNE Lee, JR. 825 CR 630 A Frostproof, Fl. 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OGBURN, TERRY 903 OLD AVON PARK RD FROSTPROOF, FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Secretary Gwen Maulden 825 CR 630 A Frostproof Fl. 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLERS, JAMES DAVID 1471 FORT MEADE ROAD FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mike Fann 825 CR 630A Frostproof Fl. 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, KENNETH 116 MAXCY LANE FROSTPROOF, FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Raymond March 825 CR 630 A Frostproof, Fl. 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMSON, WILLIAM 504 WEST 7TH STREET FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Wayne Lee 2/12/06 863-221-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #