

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 007 ****61.25

60018022



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1090703** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

WILLIAMS, REV. ROBERT L
639 EDGEWATER DR.
DUNEDIN, FL 34698

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: _____ (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: T ☐ Delete
NAME: **WARNER, JUDITH A**
STREET ADDRESS: **639 EDGEWATER DR.**
CITY-ST-ZIP: **DUNEDIN, FL 34698**

TITLE: CT ☐ Delete
NAME: **WILLIAMS, REV. ROBERT L**
STREET ADDRESS: **639 EDGEWATER DR**
CITY-ST-ZIP: **DUNEDIN, FL 34698**

TITLE: PT ☒ Delete
NAME: **SHARPE, CHERYL**
STREET ADDRESS: **639 EDGEWATER DR.**
CITY-ST-ZIP: **DUNEDIN, FL 34698**

TITLE: VPT ☒ Delete
NAME: **LEMMON, LYNN**
STREET ADDRESS: **639 EDGEWATER DR.**
CITY-ST-ZIP: **DUNEDIN, FL 34698**

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: PT ☒ Change ☐ Addition
NAME: **ZAHN, ANDREA**
STREET ADDRESS: **2375 INDIAN TRAIL EAST**
CITY-ST-ZIP: **PALM HARBOR, FL 34683**

TITLE: VPT ☒ Change ☐ Addition
NAME: **SHARPE, BRIAN**
STREET ADDRESS: **639 EDGEWATER DR.**
CITY-ST-ZIP: **DUNEDIN, FL 34698**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rev. Robert L. Williams **2/14/06** **737 4125**