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

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90220 049 ****61.25

DOCUMENT # 702485

1. Entity Name

HIGHLAND VIEW BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
310 LING STREET PORT ST JOE FL 32456 US	PO BOX 82 PORT ST JOE FL 32457 US

1st MOORE CR2E037 (10/05)

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 59-2850857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUILLOT, WALLACE
457 MARLIN STREET
PORT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name James C. Little
Street Address (P.O. Box Number is Not Acceptable) 426 Ling St.
City Port St. Joe **FL** Zip Code 32456

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 James C. Little — James C. Little — 4-24-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LITTLE, JAMES C. 426 LING STREET PORT ST JOE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Linda Wood 206 Long Ave. Port St. Joe, Fl. 32456	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LITTLE, DEBRA J 613 GARRISON AVE PORT ST JOE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINDSEY, LOUIS 201 21ST ST PORT SAINT JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: James C. Little — Debra J. Little — 4/24/06 — (850) 227-1306