2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Nyta Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # 703066 Mar 21, 2005 08:00 AM 1. Entity Name Secretary of State THE LEMON HEIGHTS BAPTIST CHURCH OF PALATKA, FL ORIDA Principal Place of Business Mailing Address 2400 ST JOHNS AVE PALATKA FL 32177 2400 ST JOHNS AVE PALATKA FLA 32177 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-0991621 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, NYTA Street Address (P.O. Box Number is Not Acceptable) 2204 PROSPER ST PALATKA FL 32177 Zip Code FL 8. The above named entity submits this statement for the purpose of changing it's registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Nyta Richardson <u>1-27-05</u> 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. Ď TITLE ☐ Delete HITLE Change Addition BRADSHAW, ROBERT 337 W. RIVER RD STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP C114-51-21P ☐ Addition TITLE □ Delete TITLE ☐ Change JOYNER, ELIZABETH NAME NAME 6007 BROOKEHAVEN LN. STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CHY-S1- AP Delete ☐ Change ■ Addition THILE THLE WARD, DAN NAME NAME RT 4 BOX 14 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 City-St-7IP C117-S1-71P TITLE Delete THEF M Change ☐ Addition RICHARDSON, NYTA NAME NAME 2204 PROSPER STREET STREET ADDRESS STREET ADDRESS PALATKA FL CITY - ST - ZIP CITY ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition DTEÊ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP THIF Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Nyta Richardson, 1-27-05