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

May 15, 2006 08:00 A Secretary of State **DOCUMENT # 703066** 1. Entity Name THE LEMON HEIGHTS BAPTIST CHURCH OF PALATKA. FL ORIDA Principal Place of Business Mailing Address 2400 ST JOHNS AVE 2400 ST JOHNS AVE PALATKA FL 32177 PALATKA FLA 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-0991621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, NYTA Street Address (P.O. Box Number is Not Acceptable) 2204 PROSPER ST PALATKA FL 32177 Zip Code FI 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 relistating) Signature, typing or printed name of registered agent and tills if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete BRADSHAW, ROBERT NAME U00000564249 337 W. RIVER RD 05/20/06-80048-016 61.25 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete JOYNER, ELIZABETH NAME NAME. 6007 BROOKEHAVEN LN. STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP D-=----Delete THEF Change Addition TITLE NAME WARD, DAN NAME **RT 4 BOX 14** STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PALATKA FL 32177 CITY - ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME RICHARDSON, NYTA NAME 2204 PROSPER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALATKA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

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