2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #704565

MEDULLA BAPTIST CHURCH, INC.



FILED Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90008 024 ****70.00

Principal Place of Business

3930 OLD ROAD #37 LAKELAND, FL 33813 US

Mailing Address

3930 OLD ROAD #37 LAKELAND, FL 33813

US



03152006 No Chg-NP

CR2E037 (11/05)

4. FÉI Number 59-1152732

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KERNEY M 313 W HIGHLAND DR LAKELAND, FL 33813

SIGNATURE:

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Date

Daytime Phone #

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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	VD				
NAME	MCELREATH, JAMES				
STREET ADDRESS	1645 CHERRY LANE				
CITY - ST - ZIP	LAKELAND, FL 33811				
TITLE	SD				
NAME	TAYLOR, JAMES				
STREET ADDRESS	6810 TAYLOR RD	•			
CITY-ST-ZIP	LAKELAND, FL 33811			دخر	and the second second
TITLE	TD				
NAME	DAVIS, KERNEY				
STREET ADDRESS	313 W. HIGHLAND DR.			DO	NOT WRITE
CITY-ST-ZIP	LAKELAND, FL 33813			DO	NOI WHILE
TITLE	PD C		•	INI .	THIS SPACE
NAME	John Burkey			11.4	IIIIO OF ACE
STREET ADDRESS	5138 DORMAN Kd				
CITY-ST-ZIP	5138 DORMAN Rd LAKELAND, FL 3	2812			
TITLE		19013			
NAME					•
STREET ADDRESS					•
CITY-ST-ZIP			"		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR