NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 30, 2006 8:00 am Secretary of State DOCUMENT # 705506 08-30-2006 90003 050 ****61.25 1. Entity Name Missionary Baptist Church Lake Garfield, Inc DO NOT WRITE IN THIS SPACE 0053951 2. Principal Place of Business 460 E. Seminole Trail CR2E037B (8/05) >artou Bartow. Applied For City & State Not Applicable Country FOIC 33831 Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street-Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City 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 Make Check Payable to 9. Election Campaign Financing FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Initial or Amended AR OFFICERS AND DIRECTORS 10. TITLE TITLE atterson NAME STREET ADDRESS STREET ADDRESS 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS Greentree CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Jones, Martha 340 carver Ave NAME NAME STREET ADDRESS STREET ADDRESS DO NOT-WRITE Barrass, El 33839 CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an

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8-27-06

attachment with an address, with all other like empowered

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