


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

850-245-6056

**FILED**

**Aug 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713452</b> 1. Entity Name HIGHLANDS PRESBYTERIAN CHURCH	
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Principal Place of Business 1001 NORTHEAST 16 AVENUE GAINESVILLE, FL 32601	Mailing Address 1001 NORTHEAST 16 AVENUE GAINESVILLE, FL 32601
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07032006 No Chg-NP CR2E037 (4/06)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1209611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
LANE, H T  
8001 SW 30TH AVE  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

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  DATE 7/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

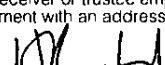
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATHAM, MARY 1612 NE 40TH PLACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADRY, JOYCE 8226 SW 36TH AVENUE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALONE, ROBERT 1330 NW 25TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, FELDA D 424 NE 8TH AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000573267  
08/03/06-80004-004-70.00

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  H.T. Lane DATE 7/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR