2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# 723565

Entity Name: GREATER MOUNT LILY BAPTIST CHURCH, INC.

Current Principal Place of Business:

619 E GADSEN ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

619 E GADSEN ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2372744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POINDEXTER, CHARLES
2517 N. X ST.
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WILLIAMS, EULA J.,
Address: 2969 MICHAEL DR.
City-St-Zip: PENSACOLA, FL

Title: TD ( ) Delete
Name: KEMP, LISA
Address: 3530 N 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: AC ( ) Delete
Name: SAVAGE, ELOUISE,
Address: 4300 NORTH KENNETH ST.
City-St-Zip: PENSACOLA, FL

Title: CD ( ) Delete
Name: TRIPP, CLYDE
Address: 710 N 7TH AVE.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA KEMP TD 06/01/2006

Electronic Signature of Signing Officer or Director — Date