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

Feb 13, 2006 8:00 am **Secretary of State DOCUMENT # 739834** 1. Entity Name 02-13-2006 90024 048 ****61.25 LAKE ELLEN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 4495 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327 4495 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1767647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLVIN CALVIN, FULTON JEROME Street Address (P.O. Box Number is Not Acceptable) 49 EMMETT WHALEY RD CRAWFORDVILLE FL 32327 City Zip Code ۴L 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition SCOTT, MICHAEL NAME NAME 240 WOODRICH ROAD STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP TC Delete TITLE Beier LARRY CHURY 2900 CO 45 TAL HIGHWAY CRAWFORDVILLE, FL 32327 Addition HAYS, DANIEL M NAME NAME 329 BOSTIC PELT RD STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete TITE Courin, FULTON JEROME ☐ Addition CALVIN, FULTON JEROME COLVIN NAME NAME 49 EMMETT WHALEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition CAMP, IVAN EUGENE NAME NAME STREET ADDRESS 313 CASORA DR STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition FLETCHER, 356 BOSTIC PELT ROAD PILKINTON, MARCUS

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 is placed or an an attackment with an addison, with all others. if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

160 SHADOW OAK CIRCLE

CRAWFORDVILLE FL 32327

CRAWFORDVILLE FL 32327

208 COUNTRY CLUB DR

CRUM, DERRICK

☐ Delete

1-24-06

EAWFORDVILLE, FL 32327

FILED

850-926-5265

Change

■ Addition