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

## May 03, 2006 8:00 am Secretary of State **DOCUMENT # 748647** 1. Entity Name 05-03-2006 90205 004 \*\*\*\*75.00 COMMUNITY EVANGELICAL FREE CHURCH, INC. Principal Place of Business Mailing Address PO BOX 88 P.O. BOX 88 4640 HWY 40 W YANKEETOWN FL 34498 YANKEETOWN FL 34498 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1847977 Not Applicable Zip Country \$8.75 Additional Country $\mathbf{Z}$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAY, HERB Street Address (P.O. Box Number is Not Acceptable) 11271 197TH ST INGLIS FL 34449 Zip Code 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. 4-26-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SEC. & BD MEM. Delete ☐ Change Addition TITLE TITLE MARY CRANE 310 DEBRAST. ARNOLD, BARBARA NAME NAME 89 PARK STREET STREET ADDRESS STREET ADDRESS FIN. SEC. & BD. MEMI INGLIS FL 34449 CITY-ST-78P CITY-ST-ZIP CD Change TITLE TITLE HOWE, TOM NAME JACQUELINE HARTLEY NAME 6871 SE 180 PL STREET ADDRESS STREET ADDRESS 86 GLADYS AVE. CITY-ST-7/P INGLIS FL 34449 CHY+ST-ZIP ☐ Delete ☐ Addition TITLE JACOBS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 5770 SE 195 PL. CITY - ST - ZIP CITY-ST-7IP INGLIS FL 34449 Addition Change CD ☐ Delete TITLE TITLE BRAY, HERB NAME STREET ADDRESS 1127 197TH ST STREET ADDRESS INGLIS FL 34449 CITY-ST-ZIP ☐ Delete TITLE Change Addition CRANE, RICHARD NAME NAME 310 DEBRA STREET STREET ADDRESS STREET ADDRESS INGLIS FL 34449 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 reveiver 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 piner like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

U-2606 352-447-3471

FILED