2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 759146

Entity Name: THE NORTHWEST FLORIDA LAYMEN FELLOWSHIP DEPARTMENT, INC.

Current Principal Place of Business:

2517 NORTH "L" ST
PENSACOLA, FL 32501

New Principal Place of Business:

1611 EAST BAARS STREET
PENSACOLA, FL 32503

Current Mailing Address:

2517 NORTH "L" ST
PENSACOLA, FL 32501

New Mailing Address:

1611 EAST BAARS STREET
PENSACOLA, FL 32503

FEI Number: 59-2212427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERETT, FERBY
7552 UNTREIMER AVENUE
PENSACOLA, FL 32534 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: VD ( ) Delete
Name: PATE, BARNETT,
Address: 3429 W LUKE ST
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete
Name: WILSON, ROBERT L.,
Address: 7905 NORTHPOINT BLVD
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: ROBINSON, EUGENE,
Address: 1406 W YONGE ST
City-St-Zip: PENSACOLA, FL

Title: S ( ) Delete
Name: LANE, NED
Address: 2360 SILVERSIDES LOOP
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ENGLISH, EARNEST,
Address: 1611 EAST BAARS STREET
City-St-Zip: PENSACOLA, FL 32503

Title: P (X) Change ( ) Addition
Name: AUGISTINE, CALVIN,
Address: 2941 CHARTER OAKS LANE
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change ( ) Addition
Name: ROBINSON, EUGENE,
Address: 1406 W YONGE ST
City-St-Zip: PENSACOLA, FL

Title: T (X) Change ( ) Addition
Name: LANE, NED
Address: 2360 SILVERSIDES LOOP
City-St-Zip: PENSACOLA, FL 32526

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: NED LANE T 04/28/2006

Electronic Signature of Signing Officer or Director — Date