

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

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90024 044 \*\*\*\*\*8.75  
 08-08-2006 90002 031 \*\*\*\*\*52.50



2nd MOORE CR2E037 (4/06)

<b>DOCUMENT # 765401</b>					
1. Entity Name <b>NETTLES ISLAND CHURCH, INC.</b>					
Principal Place of Business <b>828 NETTLES BLVD. JENSEN BEACH FL 34957</b>			Mailing Address <b>828 NETTLES BLVD. JENSEN BEACH FL 34957</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2370339</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRENTICE, ROBERT R 828 NETTLES BLVD. JENSEN BEACH FL 34957</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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.					
SIGNATURE <u>ROBERT R. PRENTICE</u>		<u>Robert R. Prentice</u>		DATE <u>7-18-06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-appointing)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENTICE, ROBERT R	NAME			
STREET ADDRESS	828 NETTLES BLVD.	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHELSEN, EUGENE	NAME			
STREET ADDRESS	765 NETTLES BLVD	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH FL 34957	CITY-ST-ZIP			
TITLE	TT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAAS, BILL	NAME			
STREET ADDRESS	623 NETTLES BLVD	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH FL 34957	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOUMA, ROSE	NAME			
STREET ADDRESS	275 NETTLES BLVD	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH. FL 34957	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Robert R. Prentice</u>		<u>ROBERT R. PRENTICE</u>		DATE <u>7-18-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	