## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000004438

FILED Jan 03, 2006 Secretary of State

Entity Name: LAKE MARTIN EPISCOPAL RETREAT, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4399 COM 300 DESTIN, F	MONS DRIVE L 32541	EAST			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
SUITE B10	MONS DR 03, PMB 404 °L 325413487				
FEI Number:	63-0892596	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:	
4421 COM SUITE B10 DESTIN, F	FORREST C MONS DR 03, PMB 404 'L 325413487	US	urnose of changing its registe	ered office or registered agent, or both,	
	of Florida.	submits this statement for the po	arpose of changing its registe	red office of registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOBLEY, FOR	) Delete REST C REV/DR NS DR SUITE B103, PMB 404 25413487	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MOBLEY, NAN	NS DR SUITE B103, PMB 404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C ( LANCE, WILLI 7024 DARYN I FORT COLLIN	ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BLACKBURN,	ARBOUR LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PARDONNER, 497 DEER PO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( MILLING, BER 18935 SCENIC FAIRHOPE, AL	CHWY 98	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FORREST C MOBLEY P 01/03/2006