

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# N00000004910

Entity Name: CHURCH OF THE MIST, INC.

**Current Principal Place of Business:**

2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 US

**New Principal Place of Business:**

**Current Mailing Address:**

2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 US

**New Mailing Address:**

FEI Number: 59-3661191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIRES, LEROY E  
2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 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: P-D ( ) Delete  
Name: SPIRES, LEROY E REV.  
Address: 2165 TOBE RETHERFORD ROAD  
City-St-Zip: BONIFAY, FL 32425 US

Title: S-D ( ) Delete  
Name: SPIRES, DIANE W REV.  
Address: 2165 TOBE RETHERFORD ROAD  
City-St-Zip: BONIFAY, FL 32425 US

Title: D ( ) Delete  
Name: LIPTRAP, JOYCE L MS.  
Address: 1004 NORTH AUGUSTA STREET  
City-St-Zip: STAUNTON, VA 24401 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LIPTRAP, JOYCE L REV  
Address: 1004 NORTH AUGUSTA STREET  
City-St-Zip: STAUNTON, VA 24401 US

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: LEROY E. SPIRES

P-D

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date