

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

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90014 042 ****61.25

DOCUMENT # N00000006683

1. Entity Name

THE MOUNT ERIE BAPTIST CHURCH, INC.



Principal Place of Business

1216 NW 11TH AVE.
CHIEFLAND FL 32626

Mailing Address

P.O. BOX 227
CHIEFLAND FL 32644

2. Principal Place of Business

1216 NW 11th Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 227
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

Chiefland, Fla 32626

City & State

Chiefland, Fla

4. FEI Number

59-3368207

Applied For

Not Applicable

Zip

32626

Country

USA

Zip

32644

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MARY A
1208 NW 11TH AVE.
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Mary A. Marshall

Signature, typed or printed name of registered agent and title if applicable

Mary A. Marshall

(NOTE: Registered Agent signature required when reinstating)

2-1-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KING, LEWIS W
STREET ADDRESS 230 N.W. 7TH AVE.
CITY - ST - ZIP NEWBERRY FL 32669

TITLE TD ☐ Delete
NAME MARSHALL, JAMES
STREET ADDRESS 1208 NW 11TH AVE.
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE SD ☐ Delete
NAME BOWERS, ROSA
STREET ADDRESS 1116 NW 12TH AVE
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE ASD ☐ Delete
NAME MARSHALL, MARY A
STREET ADDRESS 1208 NW 11TH AVE
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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:

Mary A. Marshall

2-1-06

(352) 493-2764