

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

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90026 034 \*\*\*\*61.25

**DOCUMENT # N01000001010**

1. Entity Name

**GREATER ELIZABETH MISSIONARY BAPTIST CHURCH  
OF LLOYD FLORIDA, INC.**



Principal Place of Business

C.R. 158  
LLOYD FL 32337

Mailing Address

PO BOX 205  
LLOYD FL 32337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3694312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REICHMAN, MICHAEL A  
380 N JEFFERSON ST  
MONTICELLO FL 32344**

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

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

(NOTE: Registered Agent Signature required when re-registering)

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	TC	<input type="checkbox"/> Delete
NAME	ROBINSON, PETER H	
STREET ADDRESS	13756 CAPITOLA RD	
CITY- ST- ZIP	TALLAHASSEE FL 32317	
TITLE	TC	<input type="checkbox"/> Delete
NAME	JENKINS, EDDIE	
STREET ADDRESS	13575 CAPITOLA RD	
CITY- ST- ZIP	TALLAHASSEE FL 32317	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDDICK, CHARLES A	
STREET ADDRESS	1041 W DOVER	
CITY- ST- ZIP	TALLAHASSEE FL 32304	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HAWKINS, MANNIX	
STREET ADDRESS	4130 STAY RUN CT	
CITY- ST- ZIP	TALLAHASSEE FL 32311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, TONY	
STREET ADDRESS	10500 CASANOVA DR	
CITY- ST- ZIP	TALLAHASSEE FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, CLYDE	
STREET ADDRESS	4510 CAPARRAL LN	
CITY- ST- ZIP	TALLAHASSEE FL 32311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore MACK	
STREET ADDRESS	1493 VISTA	
CITY- ST- ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Peter H. Robinson* **Peter H. Robinson 2-20-06 850.877-4545**