

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

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90221 008 ****61.25

DOCUMENT # N01000001479 1. Entity Name CHURCH OF THE LORD JESUS CHRIST OF BROOKER, INC.					
Principal Place of Business 23011 NORTH SR 235 BROOKER FL 32622			Mailing Address 23011 NORTH SR 235 BROOKER FL 32622		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 23011 North SR 235			
City & State		City & State Brooker Fla.			
Zip 32622	Country	Zip 32622	Country	4. FEI Number 59-3711641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILL, EDDIE 23011 NORTH SR 235 BROOKER FL 32622				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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and fee if applicable DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D Minister <input checked="" type="checkbox"/> Delete	NAME HILL, EDDIE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 23011 NORTH SR 235	CITY-ST-ZIP BROOKER FL 32622		STREET ADDRESS 	CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Delete	NAME HILL, MARIE <i>Asst. Secretary</i>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 23011 NORTH SR 235	CITY-ST-ZIP BROOKER FL 32622		STREET ADDRESS 	CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Delete	NAME BRIGGS, ANNIE K <i>Secretary</i>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 7215 W STATE RD 235	CITY-ST-ZIP ALACHUA FL 32615		STREET ADDRESS 	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 	CITY-ST-ZIP		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: <u>Eddie Hill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/20/06</u> 352-485-1561 <small>Daytime Phone #</small>		