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

Feb 27, 2006 8:00 am DOCUMENT # N01000002543 **Secretary of State** 02-27-2006 90065 050 ****61.25 THE CHURCH AT REEDY LAKE, INC. Principal Place of Business 324 HAWK BRANCH ROAD 324 HAWK BRANCH ROAD BURNSVILLE NC 28714 **BURNSVILLE NC 28714** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3708881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, JOHN L Street Address (P.O. Box Number is Not Acceptable) 651 DULCIMER LANE FROSTPROOF FL 33843 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 little if applicable (NOTE: Bogistered Agent signature required when reinstating) TARLES IN THE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THEF □ Delete THEF ☐ Change ☐ Addition BENNETT, JOHN L NAME NAME STREET ADDRESS 651 DULCIMER LANE STREET ADDRESS FROSTPROOF FL 33843 CfTY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BENNETT, KATHRYN I NAME NAME HAWK BRANCH ROAD 324 HAWK BRANCH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BURNSVILLE NC 28714 CITY-S1-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME CRAWFORD, BENJAMIN L NAME STREET ADDRESS 132 WOODHALL DRIVE STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 rurstee 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 mother like empowered.

SIGNATURE

FILED