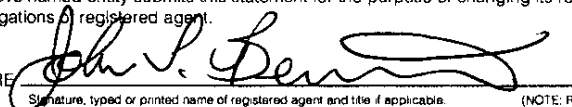


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 043 ****61.25

DOCUMENT # N01000002543 1. Entity Name THE CHURCH AT REEDY LAKE, INC.					
Principal Place of Business 1131 PINEY HILL RD BURNSVILLE, NC 28714 US			Mailing Address 1131 PINEY HILL RD BURNSVILLE, NC 28714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3708881	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, JOHN L 651 DULCIMER LANE 2135 Hunt Point S. FROSTPROOF, FL 33843 Crystal River, FL 34429				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:  DATE: 1-10-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JOHN L			NAME	
STREET ADDRESS	651 DULCIMER LANE 2135 Hunt Point S.			STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843 Crystal River, FL 34429			CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, KATHRYN L			NAME	
STREET ADDRESS	1131 PINEY HILL RD			STREET ADDRESS	
CITY-ST-ZIP	BURNSVILLE, NC 28714			CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, BENJAMIN L			NAME	
STREET ADDRESS	132 WOODHALL DRIVE 1229 Summergate DR.			STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860 Valrico, FL 33594			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (KATHRYN L. BENNETT) 1-10-08 8286789756 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					