2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003536

1. Entity Name
HOLY HILL EVANGELICAL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5306 EAST BUSINESS HWY 98 PANAMA CITY, FL 32404	PO BOX 10648 PANAMA CITY, FL 32404

03072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3751801

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TIA F
1120 HARMON AVE
PANAMA CITY, FL 32402

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6. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001465358
03/22/06-80033-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKER, JAMES T
STREET ADDRESS	1018 KURZE AVE
CITY ST ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	SMITH, TIA
STREET ADDRESS	1120 HARMON AVE
CITY-ST-ZIP	PANAMA CITY, FL 32402
TITLE	D
NAME	EADY, CYRILLA
STREET ADDRESS	1014 SPRING AVE
CITY-ST-ZIP	PANAMA CITY, FL 32402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tia F Smith 3/7/06 8505228387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #