2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009221

1. Entity Name
SIMMON GROVE BETHELITE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640	17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640

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01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLAGG, FRANK
2826 N.E. 11TH DR.
GAINESVILLE, FL 32609

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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
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRISON, ROBERT
STREET ADDRESS	1625 N.E. 28TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	WILLIAMS, FRANK
STREET ADDRESS	P.O. BOX 179
CITY-ST-ZIP	HAMPTON, FL 32044
TITLE	D
NAME	HARRISON, RICHARD REV
STREET ADDRESS	P.O. BOX 821
CITY-ST-ZIP	INTERLACHEN, FL 32666
TITLE	D
NAME	BROWN, JAMES
STREET ADDRESS	1203 SE 19TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	FLAGG, FRANK
STREET ADDRESS	2826 NE 11TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	ELLIS, ROBERT REV
STREET ADDRESS	6303 NE 61ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32609

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02/02/06-80065-005 70.00

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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: _____ 1-22-06 (352) 376-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #