

**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.	
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Principal Place of Business 17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640	Mailing Address 17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640
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01222008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FLAGG, FRANK 2826 N.E. 11TH DR. GAINESVILLE, FL 32609
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when renaming) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

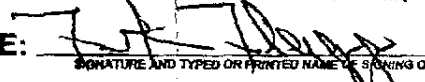
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, ROBERT 1625 N.E. 28TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FRANK P.O. BOX 179 HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, RICHARD REV P.O. BOX 821 INTERLACHEN, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES 1203 SE 19TH TERR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGG, FRANK 2826 NE 11TH DRIVE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, ROBERT REV 6303 NE 61ST STREET GAINESVILLE, FL 32609

U00000401918
02/02/06-80065-005 70.00

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IN THIS SPACE**

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) 3761620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #