# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**
03-04-2005 90072 036 ****61.25

66009236

1st MOORE CR2E037 (10/04)

DOCUMENT # N04000008103

1. Entity Name

MAGNOLIA BAPTIST CHURCH OF LAUREL HILL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3198 HWY. 602<br>LAUREL HILL FL 32567 | 3198 HWY. 602<br>LAUREL HILL FL 32567 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2754148 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KELLEY, HARRY<br>3173 HWY. 602<br>LAUREL HILL FL 32567 | Name: Nelson-Laymon<br>Street Address (P.O. Box Number is Not Acceptable): 3295 Hwy 2<br>City: Laurel Hill FL Zip Code: 32567 |

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: Laymon Nelson 4/3/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KELLEY, HARRY<br>3198 HWY. 602<br>LAUREL HILL FL 32567 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Nelson, Laymon<br>3295 Hwy 2<br>Laurel Hill, FL 32567 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>STOKES, DONALD R<br>3198 HWY. 602<br>LAUREL HILL FL 32567 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MOONEYHAM, JUDY<br>3198 HWY. 602<br>LAUREL HILL FL 32567 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Judy Mooneyham 4/5/05 (850)652-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #