2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # N04000011391 1. Entity Name 04-12-2006 90087 043 ****70.00 NATIONAL COUNCIL OF BISHOPS, USA INC. Principal Place of Business Mailing Address 1222 W 8TH STREET LAKELAND FL 33805 P.O. BOX 91123 LAKELAND FL 33804 2. Principal Place of Business 222 W. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 80-0121175 Not Applicable Polyt \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bishof Wilbert A. A. ANDREWS, BISHOP WILBERT Street Address (P.O. Box Number is Not Acceptable) 1222 W 8TH STREET LAKELAND FL 33805 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE A. ANDREWS, BISHOP WILBERT NAME STREET ADDRESS 1222 W. 8TH STREET STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete ☐ Addition TITLE Lackey, Sr. Bishof Spencer 2649 Mc Afre Road Decator, Georgia 30032 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE Addition Leach, Bishop Michael 2466 Lawrence Street Eastloint, Ecorgia 30344 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 Section 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.

FILED