

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-09-2006 90002 011 ****61.25

DOCUMENT # N05000008014			
1. Entity Name MILL CREEK PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.			
Principal Place of Business 2717 CARROLL CORNER RD HILLIARD, FL 32046		Mailing Address 2717 CARROLL CORNER RD HILLIARD, FL 32046	
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 20-5086016		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, NOAH J 2717 CARROLL CORNER RD HILLIARD, FL 32046		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Noah J. Carroll</u> <u>Noah J. Carroll</u> <u>6/6/06</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by September 8, 2006		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	D RITSMA, VIVIAN P O BOX 674 HILLIARD, FL 32049 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. Rowe, Eddie ☐ Change ☒ Addition Eddie Rowe 25001 Candewood Rd Hilliard, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, WILSON 24028 CR 121 HILLIARD, FL 32046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, FAYE 26341 WILLIE HODGES RD HILLIARD, FL 32046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, NOAH J 2717 CARROLL CORNER RD HILLIARD, FL 32046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKES, ROY 2140 ADDISON LN HILLIARD, FL 32046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWES, SLEN SR 19801 NOLAN JONES RD HILLIARD, FL 32046 ☒ 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 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 817, 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: <u>Vivian Ritsma</u> <u>Vivian Ritsma</u> <u>6/06/06</u> <u>904-845-4538</u> SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Date Daytime Phone #			