

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90122 026 ****61.25

DOCUMENT # N05000010661 1. Entity Name THE LIZZIE M. JOHNSON MEMORIAL CHURCH, INC.					
Principal Place of Business 5 WATER OAK PALM PALM COAST, FL 32137			Mailing Address P.O. BOX 351015 PALM COAST, FL 32135		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 16-1737288	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRINCE, WILLA L PH.D 5 WATER OAK PALM PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete NAME Director STREET ADDRESS Andrew Hardin CITY-ST-ZIP 919 Bunnys Ave. Wyoming, OHIO 45215			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME Director STREET ADDRESS Michael Johnson CITY-ST-ZIP 10007 Thorobred Cincinnati, Ohio 45231			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME Director STREET ADDRESS Henry Johnson CITY-ST-ZIP 63 Village CR. Palm Coast, FL 32164			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Willie L. Prince Ph.D (Director)</u> WILLIE L. PRINCE 4/18/06 445 5857					

50014751



04172006 Chg-NP CR2E037 (11/05)

16-1737288

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE: Willie L. Prince Ph.D (Director) **WILLIE L. PRINCE** 4/18/06 **445 5857**