2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N19165

Entity Name: INDRIO ROAD LAKEWOOD PARK BAPTIST CHURCH, INC.

Current Principal Place of Business:

8103 INDRIO RD.
FT.PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

8103 INDRIO RD.
FT.PIERCE, FL 34951

New Mailing Address:

FEI Number: 59-2829250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, MARY FRANCES
445 35TH AVENUE
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOMACK, MARY FRANCES
Address: 445 35TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete
Name: SNEAD, HENRY
Address: 6028 INDRIA RD M 4
City-St-Zip: FORT PIERCE, FL 34951

Title: T ( ) Delete
Name: BROCK-STEELE, JENI
Address: 8605 PENNY LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete
Name: CHESTER, JOHN JR.
Address: 3071 HAMMOND RD.
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: ELLERS, SHIRLEY
Address: 4890 SPARKLING PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARTIN, HERB
Address: 4890 SPARKLING PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

Title: O (X) Change ( ) Addition
Name: BROCK-STEELE, JENI
Address: 8605 PENNY LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: D (X) Change ( ) Addition
Name: WOMACK, JAMES A
Address: 445 35TH AVENUE
City-St-Zip: VERO BEACH, FL 32968 US

Title: O (X) Change ( ) Addition
Name: ELLERS, SHIRLEY
Address: 4890 SPARKLING PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FRANCES WOMACK O 03/07/2006

Electronic Signature of Signing Officer or Director — Date