2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006
Secretary of State

DOCUMENT# N30379

Entity Name: HIGHLAND AVENUE CHURCH OF CHRIST, INCORPORATED

Current Principal Place of Business:

2800 W. HIGHLAND AVE.
TAMPA, FL 336021418 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75436
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-3002528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRONE, ORUM JR
1253 CORD GRASS CT.
ZEPHYRHILLS, FL 33543 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: TD ( ) Delete
Name: COLBERT, OTIS J. SR.,
Address: 1510 E. 28TH STREET
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: KNIGHT, KENNETH
Address: 424 COLUMBIA
City-St-Zip: TAMPA, FL 33606

Title: PD ( ) Delete
Name: TRONE, ORUM JR
Address: 1253 CORD GRASS COURT
City-St-Zip: WESLEY CHAPEL, FL

Title: DS ( ) Delete
Name: BESS, CLARENCE,
Address: 3204 N. 44TH ST.
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: LOWE, JOE
Address: 211 WEST GLADYS
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: BELL, BOBBY
Address: 6906 ST JOHN RIVER DRIVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: PETERSON DOWAYNE SR.,
Address: 451 SUMMER SAILS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition
Name: BELL, BOBBY
Address: 6909 ST.JOHN RIVER DRIVE #101
City-St-Zip: TAMPA, FL 33617

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

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

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

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

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: DOWAYNE L PETERSON SR. TD 06/16/2006
Electronic Signature of Signing Officer or Director — Date