

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # N33449

1. Entity Name
HIGHLANDS BAPTIST CHURCH OF LEVY COUNTY, INC.



Principal Place of Business
**14631 SE 30TH ST.
MORRISTON, FL 32668 US**

Mailing Address
**14631 SE 30TH ST.
MORRISTON, FL 32668 US**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELL, BENJAMIN J
15250 SE 70TH ST
MORRISTON, FL 32668**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	POT
NAME	BELL, BENJAMIN J.
STREET ADDRESS	POT
CITY- ST- ZIP	MORRISTON, FL
TITLE	SDAT
NAME	BELL, MAYDELL
STREET ADDRESS	15250 SE 70TH ST.
CITY- ST- ZIP	MORRISTON, FL
TITLE	VD
NAME	THOMPSON, JACQUELYN U
STREET ADDRESS	18850 N E 51ST STREET
CITY- ST- ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000341211
01/24/06-80032-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Benjamin J Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2006 1-352-528-3967
Date Daytime Phone #