2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 23, 2007 08:00 AM **DOCUMENT # N33449 Secretary of State** HIGHLANDS BAPTIST CHURCH OF LEVY COUNTY, INC. Principal Place of Business Mailing Address 14631 SE 30TH ST. 14631 SE 30TH ST. MORRISTON, FL 32668 MORRISTON, FL 32668 US 01172007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELL, BENJAMIN J 15250 SE 70TH ST MORRISTON, FL 32668 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renatating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS NAME BELL, BENJAMIN J. STREET ADDRESS PDT CITY-ST-ZIP MORRISTON, FL. U00000539631 01/25/07-80035-013 61.25 TITLE SDAT NAME BELL, MAYDELL STREET ADDRESS 15250 SE 70TH ST. City-ST-7P MORRISTON, FL NAME THOMPSON, JACQUELYN U STREET ADDRESS 18850 N E 51ST STREET DO NOT WRITE CITY-ST-ZIP WILLISTON, FL 32696 IN THIS SPACE ₹ITI F NAME

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 attachmery-with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS