
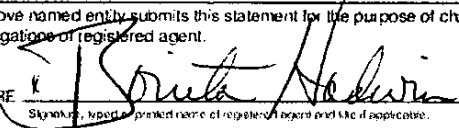



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 039 \*\*\*\*61.25

<b>DOCUMENT # N46098</b>					
1. Entity Name CENTRAL CHURCH OF CHRIST OF LAKE CITY, INC.					
Principal Place of Business 6130 S. US 441 LAKE CITY, FL 32055 US		Mailing Address POST OFFICE BOX 160 LAKE CITY, FL 32056-0160 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3102788	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent EXUM, JACK SR. 244 SE SABLE LANE LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name <u>Bonita Hadwin</u> Street Address (P.O. Box Number is Not Acceptable) <u>634 SE Rosewood Circle</u> City <u>Lake City</u> <b>FL</b> Zip Code <u>32025</u>		
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 		Bonita Hadwin		4/23/06	
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CLARENCE		NAME	Larry Bryan	
STREET ADDRESS	153 SE JANESE WAY		STREET ADDRESS	747 SW Bali Lane	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Lake City, FL 32025	
TITLE	DTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOYCE		NAME		
STREET ADDRESS	6410 SE COUNTRY CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, DENIS		NAME	Michael Stone	
STREET ADDRESS	184 SE ELM LOOP		STREET ADDRESS	PO BOX 1087	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Glenn Saint Mary, FL 32040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		4-23-06		Date	
Michael D. Stone				Daytime Phone #	