2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 14, 2004 08:00 AM Secretary of State DOCUMENT # N46156 1. Entity Name THE HIGHLANDS PRESBYTERIAN CHURCH, INC. Mailing Address Principal Place of Business 950 DERBYSHIRE RD. DAYTONA BEACH FL 32117 950 DERBYSHIRE RD. DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For 4. FEI Number City & State City & State 59-0799906 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 832 LEMON RD. SOUTH DAYTONA FL 32119 City Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change Defete TITLE TITLE WALKER, JAMES NAME NAME 311 RIVERVIEW BLVD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE JACKSON, SIDNEY NAME NAME 832 LEMON RD. STREET ADDRESS STREET ADDRESS U000000051293 '16/04-80045-SOUTH DAYTONA FL CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE BONNER, DAVITA NAME NAME 1250 WOOD CREST DR # 1202 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 2/1/200 4 384-252-3723
Dale Dayline Phone #

SIGNATURE: