2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000026

Entity Name: LAKE AREA BIBLE CHURCH, INC.

FILED May 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7085 COUNTY RD 214 MELROSE, FL 32666 US

Current Mailing Address: New Mailing Address:

7085 COUNTY RD 214 MELROSE, FL 32666 US

FEI Number: 59-3216527 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: Name and Address of New Registered Agent:

SMARTT, DANIEL E SMARTT, DANIEL E

1225 S. LAWRENCE BLVD. 6667 CR 214

KEYSTONE HEIGHTS, FL 32656 US KEYSTONE HEIGHTS, FL 32656 US

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: 05/08/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DTP (X) Change () Addition () Delete

SMARTT, DANIEL SMARTT, DANIEL Name: Name:

1225 S. LAWRENCE BLVD. Address: 6667 CR 214 Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: () Delete Title: (X) Change () Addition Name: SMARTT, JENNY Name: SMARTT, JENNY

Address: 1225 S. LAWRENCE BLVD. Address: 6667 CR 214 City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Delete Title: (X) Change () Addition

DORAN, MARTIN Name: DORAN, MARTIN Name: Address: 4586 SE 6TH LN Address: 4586 SE 6TH LN

City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

() Change (X) Addition Title: () Delete Title: ST

LONGNECKER, ED Name: Name: 190 SW GARDEN STREET Address: Address:

City-St-Zip: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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: DANIEL E. SMARTT DTP 05/08/2006