2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # N94000001153 1. Entity Name 03-22-2006 90016 040 ****70.00 SHALIMAR PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 2 MEIGS DRIVE P.O. BOX 374 SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied Far 4. FEI Number 59-2489277 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, JAMES Street Address (P.O. Box Number is Not Acceptable) 1910 WEST MISTREAL LANE FORT WALTON BEACH FL 32547 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. SIGNÄTURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete Change ☐ Addition CLARK, JAMES NAME NAME 1910 W MISTRAL LANE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CITY-ST-ZIF CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEALY, LINDA NAME NAME 32 7TH AVE #118 STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-72P CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME LANCE, JOHN NAME 1001 mar walt Drive # 108 9 ELKWOOD COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SHALIMAR FL 32579 Ft. Walton Beach, FL 32547 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WHATLEY, JIM NAME STREET ADDRESS 769 BLVD. OF CHAMPIONS STREET ADDRESS City-St-ZiP SHALIMAR FL 32579 CITY-ST-ZIP TITLE ☐ Defete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 leport 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

28 FEB 06 850 862 5040

FILED