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

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # N95000000181 1. Entity Name MICCO COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 9390 CENTRAL AVENUE 9390 CENTRAL AVENUE MICCO FL 32976 MICCO FL 32976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State 59-1767097 Not Applicable Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRKLAND, DEANA Street Address (P.O. Box Number is Not Acceptable) 8185 WOODS TRAIL SEBASTIAN FL 32976 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete Change Addition 100000531525 NEIMAN, ROBERT P NAME 'ÒÀ/OÀ-8ÖÖ48-005 70.00 3853 13TH ST. STREET ADDRESS STREET ADDRESS MICCO FL 32976 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition SHEARER, JOHN NAME NAME 841 WENTWORTH ST. STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY - 51 - 21P HTLE Deleie Change ☐ Addition KIRKLAND, DEANA NAME STREET ADDRESS STREET ADDRESS 8185 WOODS TRAIL CITY-ST-ZIP SEBASTIAN FL 32976 CITY: ST-ZIP Delete Change Addition TOTLE NAME NAME KIRKLAND, CLENT STREET ADDRESS 8185 WOODS TRAIL STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP MICCO FL 32976 ☐ Delete ☐ Change Addition Addition TITLE COLE, J D NAME NAME 8455 101ST STREET ADDRESS STREET ADDRESS VERO BEACH FL 32967 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

4-20-06

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if changed, or on an attachment with an address, with all other like empowered

SIGNATURE