

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 022 ****61.25

DOCUMENT # N95000001509

1. Entity Name
THE LORD'S SENTINEL FELLOWSHIP CHURCH INC.



Principal Place of Business
**219 INTERLAKE BOULEVARD
LAKE PLACID, FL 33852**

Mailing Address
**P.O. BOX 44
LAKE PLACID, FL 33862**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3305540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOLSOM, JUANITA
219 INTERLAKE BOULEVARD
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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 *X Juanita Folsom*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FOLSOM, JUANITA
STREET ADDRESS C/O POST OFFICE BOX 44 N/A
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE VD
NAME MORRIS, TONY
STREET ADDRESS C/O POST OFFICE BOX 44 N/A
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE SD
NAME DALRYMPLE, CAROL
STREET ADDRESS 1450 MAINE AVENUE
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE TD
NAME BEXLEY, GINA
STREET ADDRESS 1146 WINTERGREEN ST.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Gina Bexley, Treasurer GINA Bexley 4/6/06 863-465-4012*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #