2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000229

1. Entity Name

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90231 031 ****70.00

| GREATE | R UNION MISSIONARY BA | APTIST CHURCH, IN | IC. | | | | |
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| Principal Plac 249 NW 9TH SOUTH BAY, | | Mailing Address P 0 BOX 784 SOUTH BAY, FL 3349 | 3 | 1 3801018 8 | 310003 | | IAI t i ti f e ri |
| 2. Principal Place of Business 3 | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01112006 | Chg-NP C | CR2E037 (11/05) | |
| City & State | | City & State | | 4. FEI Numb NOT AI | PPLICABLE | - | pplied For ot Applicable |
| Zip | Country | Zip | Country | 5. Certificate | e of Status Desired | \$8.75 Add Fee Require | |
| · | 6. Name and Address of Current | Registered Agent | | 7. Name and | d Address of New Regis | stered Agent | |
| REESE C | HARLIE E | | Name | | | | |
| 12060 OR | ANGE GROVE BLVD ALM BEACH, FL 33411 | | Street Address | | per is Not Acceptable) | | |
| | _ | | City | | <u>-</u> | FL Zip Coo | de |
| 8. The above the obligation | e named entity submits this statement for tions of registered agent. | or the purpose of changing its | registered office o | r registered agent, or bo | oth, in the State of Florida | a. I am familiar with, | , and accept |
| SIGNATURE | | | | | | | |
| 1 . | Signature, typed or printed name of registered agent | and title if applicable. (NO) | E: Registered Agent signal | ture required when reinstating) | | DATE | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | | mpaign Financing Contribution. | \$5.00 May Added to Fees | | check payable t Department of S | |
| 10. | Due by May 1, 2006 OFFICERS AND DI | Trust Fund | | ADDITIONS/CF | | Department of S | tate |
| TITLE | Due by May 1, 2006 OFFICERS AND DI | Trust Fund | Contribution. 11. TITLE | Added to Fees ADDITIONS/CF | HANGES TO OFFICERS | Department of S | tate |
| TITLE NAME | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE | Trust Fund | 11. TITLE NAME | Added to Fees ADDITIONS/CF | Florida HANGES TO OFFICERS A | Department of S AND DIRECTORS IN Change | v 10 |
| TITLE | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE: 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 3341 | Trust Fund RECTORS | Contribution. 11. TITLE | Added to Fees ADDITIONS/CF | Florida HANGES TO OFFICERS A | Department of S AND DIRECTORS IN Change | v 10 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 3341 DS | Trust Fund RECTORS | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees ADDITIONS/CF | HANGES TO OFFICERS | Department of S AND DIRECTORS IN Change | v 10 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 3341 DS BROCKMAN, KATHERINE | Trust Fund RECTORS Delete | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees ADDITIONS/CF | Florida HANGES TO OFFICERS A | Department of S AND DIRECTORS IN Change | N 10 Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE: 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 3341 DS BROCKMAN, KATHERINE 1030 MARTIN L. KING BLVD | Trust Fund RECTORS Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CF | Florida HANGES TO OFFICERS A | Department of S AND DIRECTORS IN Change | N 10 Addition |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | Due by May 1, 2006 OFFICERS AND DI DP REESE, CHARLIE 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 3341 DS BROCKMAN, KATHERINE 1030 MARTIN L. KING BLVD SOUTH BAY, FL D DIXON, OLA M 160 N.W. 6TH AVE SOUTH BAY, FL 33493 | Trust Fund RECTORS Delete 1 Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees ADDITIONS/CF | Florida HANGES TO OFFICERS A | Department of S AND DIRECTORS IN Change Change | Addition |
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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 attackment with an address, with all other like empowered.

NATURE: Learlie M. Moore - Rearlie M. Moore 1/1/06 (56) 790-7