

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

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 033 ****70.00

DOCUMENT # N96000006545

1. Entity Name

LOXAHATCHEE BAPTIST MISSION CHURCH, INC.



Principal Place of Business

13969 ORANGE BLVD.
WEST PALM BEACH FL 33412
US

Mailing Address

13969 ORANGE BLVD.
WEST PALM BEACH FL 33412
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0714877

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, STANLEY
17892 79TH CT. N.
LOXAHATCHEE FL 33407

Name MILTON D. OLIPHANT
Street Address (P.O. Box Number is Not Acceptable)

1650 CLYDESDALE DRIVE
City LOXAHATCHEE FL Zip Code 33470

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CALVIN, ROY
STREET ADDRESS 2097 BERMUDA RD.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE SD ☐ Delete
NAME BOYLES, JUDY
STREET ADDRESS 102 PRINCESS COURT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ Delete
NAME KUHN, BETTYE
STREET ADDRESS 14593 SOUTHERN BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D/VP ☐ Delete
NAME MCILVIN, CAROL
STREET ADDRESS 16141 E. MAYFAIR DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☐ Delete
NAME REDDING, DAVID
STREET ADDRESS 4691 126TH RD. N
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Judy Boyles, Secty. Judy Boyles, Secty. 1/29/06 561-602-4942