


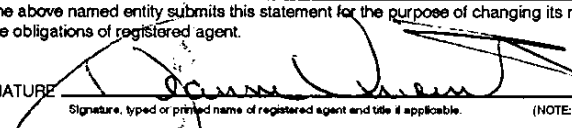
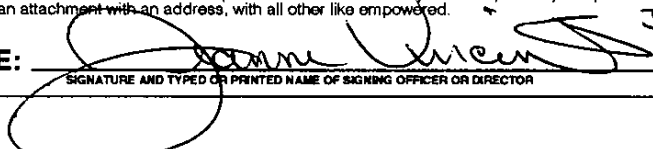
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90009 035 ****61.25

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DOCUMENT # N98000002562			
1. Entity Name REDDICK PRESBYTERIAN CHURCH, INC.			
Principal Place of Business 15280 NW 42 TERR REDDICK, FL 32686		Mailing Address P.O. BOX 258 REDDICK, FL 32686	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042006		Chg-NP CR2E037 (11/05)	
4. FEI Number 59-6591077		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VINCENT, JEANNE 6130 NW 160TH AVE. REDDICK, FL 32686		Name Street Address (P.O. Box Number is Not Acceptable) 1830 S.E. 35 LANE City <u>OCALA</u> FL Zip Code <u>34471</u>	
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 		JEANNE VINCENT 1/8/06 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, CINDY	NAME	
STREET ADDRESS	2875 EAST HIGHWAY 318	STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUAIG, MICHAEL	NAME	
STREET ADDRESS	3565 W. CO. RD. 316	STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, JEANNE	NAME	
STREET ADDRESS	6130 NW 160TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, DOUGLAS	NAME	
STREET ADDRESS	3995 NW 159 ST	STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, STEVE	NAME	VINCENT, STEVE
STREET ADDRESS	6130 N.W. 160TH AVE	STREET ADDRESS	1830 S.E. 35 LANE
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	OCALA, FLORIDA 34471
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		JEANNE VINCENT Date 1/8/06 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			