


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

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90066 001 \*\*\*\*\*61.25  
08-15-2006 90066 002 \*\*\*\*\*8.75

<b>DOCUMENT # N98000004159</b>	
1. Entity Name <b>ST. LEWIS MISSIONARY BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>ST. LEWIS M. BAPTIST CHURCH, INC. 22300 WHITMAN ROAD BROOKSVILLE FL 34601</b>	Mailing Address <b>ST. LEWIS M. BAPTIST CHURCH, INC. 22300 WHITMAN ROAD BROOKSVILLE FL 34601</b>
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2. Principal Place of Business <i>St. Lewis Missionary Baptist Church Inc. 22300 Whitman Rd.</i>	3. Mailing Address <i>22300 Whitman Rd.</i>
Suite, Apt. #, etc. <i>12162 Broad St.</i>	Suite, Apt. #, etc. <i>1</i>
City & State <i>Brooksville, Fla.</i>	City & State <i>Brooksville, Fla.</i>
Zip <i>34601</i>	Country <i>Hernando</i>

2nd MOORE CR2E037 (4/06)

4. FEI Number <b>65-0825291</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FLETHCER, BERNICE N 22300 WHITMAN ROAD BROOKSVILLE FL 34601</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD FLETCHER, ROY R 22300 WHITMAN ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCC FLETCHER, BERNICE N 22300 WHITMAN ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DACC HOWARD, PAMELA F 11950 BROAD STREET BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENSON, EARNESTINE 22467 JACOBSON ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bernice N. Fletcher* **Bernice N. Fletcher** *August 1, 2006*