

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003329

FILED
Apr 20, 2006
Secretary of State

Entity Name: PINE LEVEL CHURCH, INC.

Current Principal Place of Business:

CR 127 N.
BAXTER, FL

New Principal Place of Business:

Current Mailing Address:

10658 EARL ALFORD LANE
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 31-1671597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFORD, EARL W
10658 EARL ALFORD LANE
GLEN ST. MARY, FL 32040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MANN, W. T. SR.
Address: P.O. BOX 192 N/A
City-St-Zip: SANDERSON, FL 32087

Title: DST () Delete
Name: ALFORD, EARL W
Address: RT. 2, BOX 240
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: THOMPSON, KENNETH W
Address: RT. 2, BOX 232
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: STARLING, RUBIN C
Address: P.O. BOX 309 N/A
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: HARVEY, CARL
Address: RT. 1, BOX 602-B
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: MANN, THOMAS
Address: 8318 THOMAS SWEAT RD
City-St-Zip: SANDERSON, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SANDS, FURMAN K
Address: 6560 SANDSDALE RD
City-St-Zip: MACCLENNY, FL 32063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL W. ALFORD

DST

04/20/2006

Electronic Signature of Signing Officer or Director

Date