

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003790

1. Entity Name

HILLCREST BAPTIST CHURCH OF PALATKA, INC.



Principal Place of Business

2009 PRESIDENT STREET
PALATKA, FL 32177

Mailing Address

POST OFFICE BOX 1654
PALATKA, FL 32178



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3277398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, RONNIE
227 SILVER LAKE ROAD
PALATKA, FL 32177

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RENSEL, GEORGE
STREET ADDRESS 2009 PRESIDENT STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE SD
NAME LANE, CHRISTIE
STREET ADDRESS 2009 PRESIDENT STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE TD
NAME THOMPSON, BONNIE
STREET ADDRESS 2009 PRGSIDANT ST
CITY-ST-ZIP PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000385134
01/18/06-80004-014 61.25

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IN THIS SPACE**

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:

Ronnie Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #