2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

1. Entity Nam	ne	# N99000004 L COMMUNITY CH		05-05-200	6 90197 050 ****	61.25			
521 GORDON CHAPEL ROAD				ng Address BOX 2018 THORNE, FL 3264					
2. Principal Place of Business 3.				iling Address					
Suite, Apt. #, etc.				uite, Apt. #, etc.	03142006 C	Chg-NP	CR2E037 (11/05)		
City & State			City & State			4. FEI Number 59-31671	51	 	oplied For ot Applicable
Zip			Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current I	7. Name and Ad	7. Name and Address of New Registered Agent					
WILLIAMS, GEORGE M 748LAKE SUSAN ROAD HAWTHORNE, FL 32640 WILLIAMS, GEORGE M 6treet Address (P.O. Box Namber is Mot Acceptable) ### Graph Chapter FL Zip Code 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 aprifamiliar with, and accept the obligations of registered agent.									
SIGNATURE JEVOME Thomas Signature, typed or printed name of registered agent and little V applicable (NOTA: Registered Agent alignature required when reinstating) DATE									
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Carr Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees		lake check payable trida Department of S	
10. OFFICERS AND DIRECTOR				3	11.	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	122 HUT	ISON, JAMES CHINSON LANE RNE, FL 32640		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ASRIAL 1213 COUNTY ROAD 214 HAWTHORNE, FL 32640			☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	FREDDIE 36TH STREET RNE, FL 32640	;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	143 HERM	FRANKLIN MAN DRIVE RNE, FL 32640		□ Dekde	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	213 GOR	LD, EDWARD DON CHAPEL ROAD RNE, FL 32640		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-21P			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 GOR	, JEROME DON CHAPEL ROAD RNE, FL 32640		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 adjectes, with all other like empowered.									