


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

FILED
Aug 11, 2006 08:00 A
Secretary of State

DOCUMENT # N99000006647	
1. Entity Name THE OLD LANDMARK GOSPEL CHURCH, INC.	

Principal Place of Business P.O. BOX 1244 DADE CITY, FL 33526-1244	Mailing Address P.O. BOX 1244 DADE CITY, FL 33526-1244
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DO NOT WRITE IN THIS SPACE



05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3607013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANDERS, ERNEST T
38443 LAKE AVE.
DADE CITY, FL 33525

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000574134
08/11/06-80005-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, ERNEST 38443 LAKE AVE. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, DAISY 38443 LAKE AVE. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, ERNEST 210 C STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ernest T. Sanders ERNEST T. SANDERS PD 8/4/06 352 567-2734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #