2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State **DOCUMENT # 711681** 1. Entity Name 01-26-2005 90002 006 ****61.25 FIRST FREE WILL BAPTIST CHURCH OF MELBOURNE, INC. Principal Place of Business Mailing Address 938 LYTTON ROAD 938 LYTTON ROAD 7 0 0 0 0 0 0 0 0 MELBOURNE FL 32934-9016 MELBOURNE FL 32934-9016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2358654 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERRY, STEVE Street Address (P.O. Box Number is Not Acceptable) 3300 ÁRABIAN COURT MELBOURNE FL 32934 City 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 parse of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Due By May 1, 2005 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State \$ \$2774.5x 44.536 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 10. Church Clerk ☐ Change TITLE ☐ Delete TITLE Janice A. Wilder HALEY, DENNIS E NAME 498 Vetonica Are. WE 1375 COVENTRY CIRCLE STREET ADDRESS STREET ADDRESS Pulm Bay, FL 32901 MELBOURNE FL 32904 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEGG, DON NAME NAME 4394 TWIN LAKES DR STREET ADDRESS STREET ADDRESS MELBOURNE, FL 00000 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE SWARTZ, BILL NAME NAME 1954 TRIMBLE RD STREET ADDRESS STREET ADDRESS MELBOURNE, FL 00000 32934 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachmant with an address, with all other like empowered.

SIGNATURE

Church Clerk 01-19-05

FILED