2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 26, 2004 08:00 AM Secretary of State **DOCUMENT #713266** 1. Entity Name FIRST BAPTIST HOUSING, INC. Principal Place of Business Mailing Address 414 EAST PINE STREET 414 EAST PINE STREET ORLANDO, FL 32801 ORLANDO, FL 32801 01122004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2357101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, LARRY T. DO NOT WRITE 414 E PINE ST ORLANDO, FL 32801 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) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 UN0000067129 Trust Fund Contribution. Added to Fees Due by May 1, 2004 02/26/04-80044-003 61.25 OFFICERS AND DIRECTORS 10. TITLE PD NAME KELSEY, ROBERT STREET ADDRESS 9664 WEATYERSTONE COURT CITY-ST-ZIP WINDERMERE, FL 34786 TITLE ASD NAME MALLORY, SHIRLEY STREET ADDRESS 613 ORIOLE STREET CITY-ST-ZIP ORLANDO, FL TITLE NAME HENRY, JAMES STREET ADDRESS 1457 MONTCALM ST DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 00000 IN THIS SPACE TITLE VPD LOIS, WENGER NAME STREET ADDRESS 4600 TINSLEY DRIVE CITY-ST-ZIP ORLANDO, FL TITLE NAME DARNOLD, WESLEY STREET ADDRESS 3927 WATERFRONT PARKWAY CITY-ST-ZIP ORLANDO, FL TITLE STD

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

PETERSON, JUDD J

WINDEMERE, FL

5025 BULTER RIDGE DR

NAME

STREET ADDRESS

CITY-ST-ZIP

Robert Kelsev. President OFFICER OR DIRECTOR

407-841-7207