2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# 721994

Entity Name: CHOCTAW BEACH FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business:

263 PERSIMMON ST
ROUTE BOX 128J4
FREEPORT, FL 32439 US

New Principal Place of Business:

263 PERSIMMON ST
FREEPORT, FL 32439 US

Current Mailing Address:

263 PERSIMMON ST
RT. BOX 128J4
FREEPORT, FL 32439 US

New Mailing Address:

263 PERSIMMON ST
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FREEPORT, FL 32439 US

FEI Number: 59-6503118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAWKINS, DONALD
409 PERSIMMON STREET
FREEPORT, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAWKINS, DONALD E
Address: 409 PERSIMMON STREET
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete
Name: OVERTON, R. KLARA
Address: ROUTE 0NE
City-St-Zip: FREEPORT, FL

Title: D ( ) Delete
Name: DAWKINS, LYDIA
Address: 409 PERSIMMON
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: DAWKINS, DONALD E
Address: 409 PERSIMMON STREET
City-St-Zip: FREEPORT, FL 32439

Title: MRS. (X) Change ( ) Addition
Name: OVERTON, R. KLARA
Address: PERSIMMON STREET
City-St-Zip: FREEPORT, FL 32439

Title: MRS. (X) Change ( ) Addition
Name: DAWKINS, LYDIA
Address: 409 PERSIMMON
City-St-Zip: FREEPORT, FL 32439

Title: MRS. ( ) Change (X) Addition
Name: CUPSTID, JOYCE
Address: HWY20
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA DAWKINS D 05/24/2007

Electronic Signature of Signing Officer or Director — Date