2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 25, 2005 8:00 am **Secretary of State DOCUMENT # 722824** 03-25-2005 90037 037 ****70.00 PIONEER FIRST BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 995 RIVIERA AVE. 995 RIVIERA AVE. CLEWISTON, FL 33440 CLEWISTON, FL 33440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Numbe 59-2596401 Not Applicable Country 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 JOHNS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 995 RIVERA AVE CLEWISTON, FL 33440 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. President Director TITLE ☐ Delete Change ■ Addition HARRELL, JUANITA David Johns MALIF NAME 995 Riviera Lux. STREET ADDRESS PO BOX 3192 STREET ADDRESS Plorida 3 344O CITY-ST-ZIP CLEWISTON, FL 33440 CITY-ST-ZIP (Jewistan echelony/ Director TITLE Delete TITLE Change Addition Discoite Harrell POBOX 3193 WINKLER, VERBA NAME NAME STREET ADDRESS RT 2 BOX 1228 STREET ADDRESS Lewiston Florida CITY-ST-ZIP CLEWISTON, FL CITY-ST-7IP 33440 TTLE Delete TITLE ☐ Change Addition ROURKS, DEBRA NAME NAME POBOX 319 STREET ADDRESS **PO BOX 504** STREET ADDRESS Crewiston CITY-ST-ZIP CLEWISTON, FL 33440 CITY-ST-ZIP 33440 Florida Trustea TITLE Change ☐ Delete TITLE Addition salke Henry NAME 30x 8093 Indian Mrd. Pd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mareHoven <u>Fiaida</u> 33440 ☐ Delete TITLE TTUStee ☐ Change Addition Day Odon NAME NAME STREET ADDRESS STREET ADDRESS nover CITY-ST-ZIP Florida 33440 CITY-ST-ZIP TITLE ☐ Detete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-78P

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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 attachment with an address, with all other like empowered.

SIGNATURE:

3-9-05 TUTE AND TYPED OR PROVIDED INABASE OF SECHNIC OFFICER OR DIRECTOR Decree thanks 863-3567