


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 735506 1. Entity Name EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.	
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Principal Place of Business 910 BAY AVE. DEFUNIAK SPRGS, FL 32433	Mailing Address 910 BAY AVE. DEFUNIAK SPRGS, FL 32433
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<p>2. Statement of Purpose (If the purpose of the corporation has changed since the last report, state the change in this space)</p> <p>STATEMENT OF PURPOSE IN THIS SPACE</p>	
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1603625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GRICE, JOHN 1048 BAY AVENUE DEFUNIAK SPGS, FL 32433	

<p>7. Signature of Registered Agent (If the agent has changed since the last report, state the change in this space)</p> <p>JOHN GRICE</p>	
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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 reappointing)	DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CARROLL, DONALD
STREET ADDRESS	2845 COUNTY HWY 183 NORTH
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000,
TITLE	D
NAME	GRICE, JOHN
STREET ADDRESS	1048 BAY AVENUE
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000,
TITLE	D
NAME	GRINER, RALPH
STREET ADDRESS	PO BOX 194 668 PEAK CANTON RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>11. Signature of Officer or Director (If the officer or director has changed since the last report, state the change in this space)</p> <p>JOHN GRICE</p>	
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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: <i>Barbara Capps (BARBARA Capps)</i> Sec.	Date: <i>1-26-04</i>	Daytime Phone #: <i>850-892-2324</i>