2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# 741040

Entity Name: MANATEE SOUTHERN BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

3510 17TH STREET EAST.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

3510 17TH STREET EAST.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-1780727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, MATTIE P
3510 17TH STREET E.
PALMETTO, FL 34221 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: DOM ( ) Delete
Name: BENNETT, THOMAS REV
Address: 3510 17TH STREET E
City-St-Zip: PALMETTO, FL 34221

Title: MOD ( ) Delete
Name: KILLORAN, JAMES E REV
Address: 5209 34TH ST CT W
City-St-Zip: BRADENTON, FL 34210

Title: VMOD ( ) Delete
Name: BRADLEY, G.I. DR.
Address: P O BOX 170
City-St-Zip: BRADLEY, FL 33835

Title: TREA ( ) Delete
Name: LOEFFLER, SHIRLEY MRS
Address: EAST ROAD #28
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MOD (X) Change ( ) Addition
Name: PARRIS, MICHAEL DR
Address: 1020 4TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY LOEFFLER TREA 01/18/2006

Electronic Signature of Signing Officer or Director — Date