2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2008 8:00 am **Secretary of State DOCUMENT # 758217** 1. Entity Name 02-22-2008 90019 027 ****61.25 BLACK CREEK BAPTIST ASSOCIATION, INC. Principal Place of Business Mailing Address 384 LOGAN AVENUE ORANGE PARK FL 32065 384 LOGAN AVENUE **ORANGE PARK FL 32065** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1995366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 384 LOGAN AVE ORANGE PARK FL 32065 Zip Code le above hamed 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 Agont signature required when reinstating) atagi putinga uputatan FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete Change Addition CARTER, LINDA NAME Debra Johnson 1711 CHAFFEE RD S STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Addition SWEAT, JOHN NAME NAME 1976 HUNTER'S TRACE CR. Trace CR STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-7IP CITY-ST-ZIP 32068 FL TITLE TITLE Delete Addition RAY, JEFF NAME NAME 2506 JONES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32220 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP THE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dubya Johnson 2/12/08 904-272

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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