2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #758930 1. Entity Name FORT WHITE BAPTIST CHURCH, INC. 01-24-2008 90039 007 ****70.00 Principal Place of Business Mailing Address P.O. BOX 187 P.O. BOX 187 FORT WHITE, FL 32038 FORT WHITE, FL 32038 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 01072008 Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (12/06) 4. FEI Number 59-2890901 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \mathbf{Z} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARGARET WENONAH, DENCE 1092 SW CENTRAL TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT WHITE, FL 32038 S.W. STIL AUE. **እ**ሳ የ ለ Zip Code 32038 WHITE FORT 8. The above named entity submits this statement for the gurpose 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. SIGNATURA 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, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition DT TITLE Delete TITLE ☐ Change CHRISTOR A. BROWN 19358 SW STATE RD. 47 HOLLINGSWORTH, TERRELL NAME NAME P O BOX 94 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WHITE FI 32038 City-ST-ZIP FORT WHITE, FL 32038 DT Delete Addition TITLE TIRE Change FLOYD, EDWARD NAME NAME **COR OF CR 18 & MEMORIAL DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WHITE, FL CITY-ST-ZIP SD TITLE Detete TITLE ☐ Change ☐ Addition DENCE, WENONAH J NAME KAME STREET ADORESS 1092 SWICENTRAL TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WHITE, FL 32038 Addition TITLE □ Defete TITLE ☐ Change MARTIN, MARGARET NAME NAME STREET ADDRESS SW STILLMAN AVE STREET ADDRESS CITY-ST-ZIP FORT WHITE, FL 32038 CITY-ST-7IP Change ☐ Addition TITLE Delete REVELS, JANICE NAME NAME CABOOSE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WHITE, FL CITY-ST-719 NTR Delete □ Change ■ Addition TITLE TITLE EDWARDS, WILBUR NAME NAME **COR OF N BRYANT & E WALES STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WHITE, FL 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

mosence.

SIGNATURE!

-NARGARET E. MARTIN

FILED

Jan 24, 2008 8:00 am