2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2004 08:00 AM **DOCUMENT # 762809 Secretary of State** 1. Entity Name PLEASANT RIDGE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1015 PLEASANT ROAD 1015 PLEASANT ROAD DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435 US 02172004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2338553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, RACHEL C DO NOT WRITE 627 PLEASANT RIDGE RD DEFUNIAK SPRINGS, FL 32435 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. TITLE TTR NAME CRIM, BETTY N STREET ADDRESS 2598 BOB SIKES RD CHY-SI-ZIP DEFUNIAK SPRINGS, FL 32435 U00000058107 02/20/04-80016-015 61.25 TATLE NAME THOMAS, RACHEL C 627 PLEASANT RIDGE RD STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 TITLE NAME MITCHEM, JODY STREET ADDRESS 12 MITCHEM RD DO NOT WRITE CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 IN THIS SPACE TITLE **VTR** NAME. VOGEL, O. PAUL STREET ADDRESS 2652 CORBIN GAINEY ROAD CITY-\$1-ZIP DEFUNIAK SPRINGS, FL 32435 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

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 cath; 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.

STREET ADDRESS
CCTY-ST-ZIP

SIGNATURE: BETTY 11 Oring Betty N. Orim Feb 18, 2004 (850) 892-3500