2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762809

FILED Feb 27, 2008 Secretary of State

Entity Name: PLEASANT RIDGE BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1015 PLEASANT ROAD

DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address: New Mailing Address:

1015 PLEASANT ROAD

DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-2338553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, RACHEL C THOMAS, RACHEL C MRS 627 PLEASANT RIDGE RD 627 PLEASANT RIDGE RD

DEFUNIAK SPRINGS, FL 32435 US DEFUNIAK SPRINGS, FL 32435 US

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: RACHEL C. THOMAS 02/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TTR ()Delete Title: TTR (X)Change ()Addition

 Name:
 CRIM, BETTY N
 Name:
 CRIM, BETTY N MRS

 Address:
 2598 BOB SIKES RD
 Address:
 2598 BOB SIKES RD

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: STR () Delete Title: (X) Change () Addition THOMAS, RACHEL C Name: THOMAS, RACHEL C MRS Name: Address: 627 PLEASANT RIDGE RD Address: 627 PLEASANT RIDGE RD City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PTR () Delete Title: PTR (X) Change () Addition

Name:MITCHEM, JODYName:MITCHEM, JODY R MRAddress:12 MITCHEM RDAddress:12 MITCHEM RD

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VTR () Delete Title: VTR (X) Change () Addition

Name:VOGEL, O. PAULName:VOGEL, O. PAULMRAddress:2652 CORBIN GAINEY ROADAddress:2652 CORBIN GAINEY ROADCity-St-Zip:DEFUNIAK SPRINGS, FL 32435City-St-Zip:DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify 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: RACHEL C. THOMAS STR 02/27/2008