2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2004 8:00 am Secretary of State DOCUMENT # N00205 05-04-2004 90154 019 ****61.25 HEDGES BAPTIST CHURCH HOLDING COMPANY, INC. Principal Place of Business Mailing Address 1576 SUTTON PLACE RD YULEE FL 32097 P O BOX 515 YULEE FL 32041-0515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3410177 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOYCE P BOWERS **BOWERS, JOYCE** Street Address (P.O. Box Number is Not Acceptable) 1878 CHESTER ROAD YULEE FL 32097 96698 CHESTER ROAD City Zip Code YULEE 32097 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 SIGNATURE JOYCE P. Bowers (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Change Addition HALTER, BARRY L NAME NAME 622 BIRD RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE GURLEY, MARION G NAME 2012 HADDOCK RD STREET ADDRESS STREET ADDRESS YULEE FL 32907 CITY-ST-ZIP CITY-ST-7IP X Delete TITLE Change ★ Addition TITLE TV JAMES, KEVIN NAME NAME HUGHES, JOSEPH 50 MARTIN LN STREET ADDRESS STREET ADDRESS 111 RISING MIST WAY KINGSLAND GA 31548 CITY-ST-ZIP CffY-ST-ZIE KINGSLAND GA31548 ☐ Addition ☐ Delete TITLE Change DTEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04 90

Daytime Phone #