2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # N00205 05-01-2006 90298 031 ****61.25 1. Entity Name HEDGES BAPTIST CHURCH HOLDING COMPANY, INC. Principal Place of Business Mailing Address P O BOX 515 YULEE FL 32041-0515 85050 SUTTON PLACE YULEE FL 32097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3410177 Not Applicable Zip Country Zio 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 **BOWERS, JOYCE** Street Address (P.O. Box Number is Not Acceptable) 96698 CHESTER ROAD YULEE FL 32097 City Zip Code 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to -9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TS TITLE ☐ Delete ☐ Change ☐ Addition HALTER, BARRY L NAME NAME 622 BIRD RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GURLEY, MARION G NAME NAME 85360 HADDOCK ROAD STREET ADDRESS STREET ADDRESS YULEE FL 32907 CITY-ST-ZIP CITY-ST-ZIP Change - - Delete - - - -THLE 100 E Addition NAME HUGHES, JOSEPH Carter, Thomas K. STREET ADDRESS 86374 PEEPLES ROAD STREET ADDRESS CITY-ST-7IP YULEE FL 32097 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other fike empowered. Brund Banny / Hallon 4-19-2001 and 151-1415