2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # N0400000229. 1. Entity Name FIRST AFRICAN MISSIONARY BAPTIST CHURCH, INC.					04-	-26-2007 90	0198 005 ****61.	25
Principal Place of Business 433 PALMETTO AVENUE GREEN COVE SPRINGS, FL 32043 Mailing Address P.O. BOX 95 GREEN COVE SPRINGS, FL			FL 32043 U	S	LOS TRANSPORTERS	8 7311 83 711 83 14 83 14	in sau sen sens kālē kais in	eliišt et tear
Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.					02122007 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-28994	42	 -	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	□ \$8.75 Ac	
	6. Name and Address of Current	t Registered Agent			7. Name and Ad	dress of New F	Registered Agent	
WRIGHT, KENNETH L CA.				Stanley L. Turner				
433 PALMETTO AVENUE Street Add				Address (I	P.O. Box Number is	Not Acceptable	le)	
GREEN COVE SPRINGS, FL 32043				3 Palmetto Ave				
City GREE					en Cove Solings FL 32043			
	named entity submits this statement for	or the purpose of changing its	registered office	or register	ed agent, or both, in			, and accept
the obligat	ions of registered agent.	- O1	1 .	_				
SIGNATURE Stoneture, typoid or printed large of regressived appart and life of applicable (NOTE Registered Against someture recovered when remostating) DATE DATE								
	Signature, typed or printed style of registered agen	it and the 4 applicable (NOTE	Registered Agent sign	Mure required	when reinstating)		DATE	
	Signature typed or prefet Justice of registered ages Filling Fee Is \$81.25 Due by May 1, 2007		npaign Financing	ature required	\$5.00 May Be Added to Fees		Make check payable rida Department of 8	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Can Trust Fund C	npaign Financing contribution.	0 /	\$5.00 May Be Added to Fees	Flo GES TO OFFICI	Make check payable inda Department of S	N 10
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I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

Stanley L. Tur Ner 4/20/07 904276-3726 SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF PROMING OFFICER OR DE