FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49822 (2)

1. Corporation Name
MADISON STREET BAPTIST CHURCH

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 328 STARKE FL 32091	P.O. BOX 328 STARKE FL 32091

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6032858 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DR. JOE WOOD
STAR ROUTE 1, BOX 122
HAMPTON FL 32044

10. Name and Address of New Registered Agent

81 Name: DR JOE WOOD
82 Street Address (P.O. Box Number is Not Acceptable): HC 1 BOX 122 (Address correction)
83
84 City: HAMPTON FL 85 Zip Code: 32044

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph G. Wood — Joseph G. Wood — April 13, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T (Address Correct.)	☐ Change ☐ Addition
NAME	WOOD, JOSEPH	1.2 NAME	JOSEPH WOOD	
STREET ADDRESS	STAR ROUTE 1, BOX 122	1.3 STREET ADDRESS	HC 1 BOX 122	
CITY-ST-ZIP	HAMPTON FL	1.4 CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	GRINER, MARTIN	2.2 NAME		
STREET ADDRESS	130 N. CHERRY ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	MORAN, JACKIE	3.2 NAME	CLIFF GRIFFIS	
STREET ADDRESS	P.O. BOX 377 N/A	3.3 STREET ADDRESS	RR 3 BOX 1604	
CITY-ST-ZIP	HAMPTON FL	3.4 CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	WOODS, TRAVIS	4.2 NAME	DON TILLEY	
STREET ADDRESS	1111 W. PRATT STREET	4.3 STREET ADDRESS	831 EDWARDS RD	
CITY-ST-ZIP	STARKE FL	4.4 CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, BOB	5.2 NAME		
STREET ADDRESS	1300 PRATT STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph G. Wood — Joseph G. Wood 4/13/95 (904)468-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B901