2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# N94000004894

Entity Name: EVANGELICAL BAPTIST CHURCH OF JOHN 3:16, INC.

Current Principal Place of Business:

561 NW 10TH AVE
MARTIN LUTHER KING
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

200 S.W. 14TH AVE.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0575865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACOMBE, RISALDO
200 SW 14TH AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LACOMBE, RISALDO
Address: 200 SW 14TH AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST ( ) Delete
Name: ETIENNE, CAROLE
Address: 126 BUNTTON WOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TT ( ) Delete
Name: LACOMBE, MARIE M
Address: 200 S.W. 14TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: NOEL, ALABRY
Address: 521 FERN LANE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RISALDO LACOMBE OFFICER/DIRECTOR DP 03/15/2004

Electronic Signature of Signing Officer or Director — Date