2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #746284** 04-28-2006 90153 027 ****61.25 1. Entity Name DAMASCUS FREEWILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 40068449 3700 KYNESVILLE ROAD 3534 ONTARIO RD. MARIANNA, FL 32446-5955 MARIANNA, FL 32448 04172006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2777238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REHBERG, ROBERT O DO NOT WRITE 2427 MARTIN RD MARIANNA, FL 32448 IN THIS SPACE 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 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) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME REHBERG, ROBERT O STREET ADDRESS 2427 MARTIN ROAD CITY-ST-ZIP MARIANNA, FL 32448 TITLE NAME REHBERG, RICHARD O. STREET ADDRESS 3524 ONTARIO ROAD MARIANNA, FL 32448 CITY-ST-ZIP TABLE NAME CHAFIN.HOWARD STREET ADDRESS 4018 LARAMORE ROAD DO NOT WRITE CITY-ST-ZIP MARIANNA, FL THILE IN THIS SPACE NAME WILLIAMS, STEPHEN G STREET ADDRESS 1659 HIGHWAY 73 CITY-ST-ZIP MARIANNA, FL 32448 TITLE Williams Herbert 2472 Fillmore Dr. NAME STREET ADDRESS

FILED

Apr 28, 2006 8:00 am

12. 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.

SIGNATURE: Richard D. Rehberg (DST) 4-21-06 718-2254

SIGNATURE AND TYPED OR PRINTED NAME OF P

CITY-ST-ZIP

TITLE NAME STREET ADDRESS Marianna, FL. 32448