2008 NOT-FOR-PROFIT CORPORATION

Jan 22, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #701758** 1. Entity Name 01-22-2008 90072 038 ****61.25 FLOMICH AVENUE BAPTIST CHURCH INC Principal Place of Business Mailing Address 1305 FLOMICH AVENUE 1305 FLOMICH AVENUE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2346195 Applied For Not Applicable Zip ----Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIGGINS, DON Street Address (P.O. Box Number is Not Acceptable) **672 EIGHTH STREET** HOLLY HILL, FL 32117 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. JOHN KUHN-DELCON SIGNATURE ature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Filing Fee Is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE PTDC ☐ Addition WIGGINS, DON NAME JOHN KUHN 1510 PINE AUE. NAME STREET ADDRESS **672 EIGHTH ST** STREET ADDRESS CITY-ST-ZIP **HOLLY HILL, FL 32117** CITY-ST-ZIP HOLLY HILL, FZ. DTS TITLE ☐ Delete TITLE VM **X**Addition KUHN, JOHN NAME NAME JERRY WEBB STREET ADDRESS 1510 PINE AVE STREET ADDRESS 234 15 IH ST CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP TITLE ☐ Delete NAME NAME RICHARD KRAMER STREET ADDRESS STREET ADDRESS 36 GYPRESS GROVE LANGE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE يون ۽ 195ء TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

John Kulm

NAME

STREET ADDRESS

CITY-ST-ZIP

JOHN KUHN 1/15/08 306.292-2062

FILED