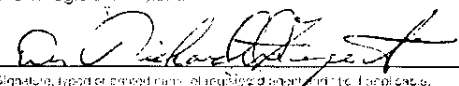


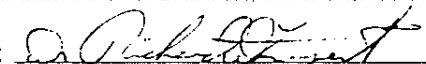
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90026 019 ****70.00

DOCUMENT # 702574 1. Entity Name FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC.					
Principal Place of Business 8000 DOROTHY AVE. NORTH PORT FL 34287		Mailing Address 8000 DOROTHY AVE. NORTH PORT FL 34287			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1548275	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, SANFORD 2161 BRUBECK RD NORTH PORT FL 33287				7. Name and Address of New Registered Agent Name DR RICHARD D. ZIEGERT Street Address (P.O. Box Number is Not Acceptable) 8000 DOROTHY AVE City NORTH PORT FL 34287	
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 				DATE 1-23-08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DONNIE 958 KENOMA EAST VENICE FL 34292	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAY, JEFFERY 1834 CLARINET AVE NORTH PORT FL 34288	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EDWIN 3883 CHAMPAGNE AVE NORTH PORT FL 34287	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, SANFORD 2161 BRUBECK ROAD NORTH PORT FL 34287	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MILT 18519 BLAIR AVE PORT CHARLOTTE FL 33948	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR DR RICHARD D. ZIEGERT 8000 DOROTHY AVE NORTH PORT, FL 34287	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DR RICHARD D. ZIEGERT 1-23-08