2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2006 08:00 AM DOCUMENT # 704105 Secretary of State 1. Entity Name FIRST BAPTIST CHURCH OF SNEADS HOLDING COMPANY, INC. Principal Place of Business Mailing Address GLOSTER AVE & POPE ST PO BOX 246 SNEADS FL 32460 GLOSTER AVE & POPE ST PO BOX 246 SNEADS FL 32460 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2241273 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINSON, MARLIN Street Address (P.O. Box Number is Not Acceptable) 2044 GLOSTER AVE SNEADS FL 32460 City Zip Code 8. The above named only 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 where revisitating! FILE NOW: FEE IS \$61.25 Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD 3380 □ Dolete Ditt ☐ Change 🔲 Addalian VINSON, MARLIN NAME NAM 2044 GLOSTER AVENUE 100000485033 STREET ADDRESS STREET ADDRESS City-St-707 SNEADS FL 32460 747 12706-BORGE D22-61, 25 CITY-SI-ZIP ۷Ď me ☐ Delete TITLE ☐ Change Addition RUFUS, SAULS NAME NAME STREET ADDRESS 7990 POPE STREET STREET ADDRESS SNEADS FL 00000 CITY-ST-ZIP CITY-ST-ZIP N71 P ☐ Delete RRE ☐ Change Addition OWENS, MARIE NAME NART SIMEET ADDRESS 7345 NOBLES RD STREET ADDRESS CITY-ST-77P SNEADS FL 32460 CITY-SI-ZIP RITLE SD ☐ Delete THEF Change ☐ Addition MARK PETTIS, EARL STREET ADDRESS 2083 WOLFE AVENUE STRELL ADDRESS CITY-ST-ZIP SNEADS FL 32460 C)TY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE Delete TITLE ☐ Change Addition MANAS STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP 12. Thereby 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.

FILED

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