2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 27, 2007 8:00 am Secretary of State **DOCUMENT # 704105** 08-27-2007 90032 013 ****61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/07) Applied For City & State City & State 4. FEI Number 59-2241273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. 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 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 5, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITS F ☐ Addition VINSON, MARLIN NAME NAME 2044 GLOSTER AVENUE STREET ADDRESS STREET ADDRESS SNEADS FL 32460 CITY-ST-ZIP CITY-ST-ZIP VD **X** Change TITLE Defete THE Addition RUFUS, SAULS MARKE MARKE 7990 POPE STREET STREET ADDRESS STREET ADDRESS SNEADS, FL 00000 CITY-ST-ZIP CITY-ST-Z/P Sneads FL 32460 Change Delete HILE Addition Hills Ann Owers 1802 Sand Basin Rd Grand Ridge FL 32442 NAME OWENS, MARIE MAN E 7345 NOBLES RD STREET ADDRESS STREET ADDITESS CITY-ST-ZIP SNEADS FL 32460 CITY-ST-ZiP SD Delete TITLE Change Addition TITLE NAME PETTIS, EARL NAME An Box 1219 STREET ADDRESS 2083 WOLFE AVENUE STREET ADDRESS SNEADS FL 32460 CITY-ST-ZIP Sneads CITY-ST-ZIP ☐ Defete TITLE fill. Chanue Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

Marlin VINSON

FILED