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

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # 708833** 1. Entity Name 04-09-2007 90069 010 ****61.25 FIRST CHURCH OF THE OPEN BIBLE OF TALLAHASSEE, FLORIDA, INC. Principal Place of Business Mailing Address 526 EAST EIGHTH AVENUE 526 EAST EIGHTH AVENUE TALLAHASSEE FL 32303-5618 TALLAHASSEE FL 32303-5618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-6167633 Not Applicable 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 Namo KING, JACK L Street Address (P.O. Box Number is Not Acceptable) 526 EAST 8TH STREET TALLAHASSEE FL 32303 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. SIGNATURE Signature, typed or painted name of registered agent and little it applicable INO*E. Registered Agent signature required when reinstating, DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. ☐ Defete 11111 Addition THE KING NAME KING, JACK L NAMI \mathcal{T}_{A} (KSTREET LADDRESS TRAM RD. STREET ADDRESS 10560 2347 SOUTHAMPTON DR CHY ST ZIP FL CHY SL 7IP TALLAHASSEE, FL 00000 ☐ Change TIME D ☐ Delete TITLE ■ Addition NAME GRAY, JOEL NAME STREET ADDRESS STHULL ADDRESS 4240 SHERBORNE RD. CITY ST 7/P CHY ST ZIP TALLAHASSEE FL 32302 TITLE Delete TITLE ■ Addition D JACKSON C. WYATTO NAMI JACKSON, C WYATT STREET ADDRESS STREET ADDRESS 1309 PEDRICK RD 9713 CHY-SE ZIP CITY+S1-ZIP TALLAHASSEE, FL 00000 Addition IIIIE Delete HITE NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-7IP ☐ Delete ☐ Change Addition TITLE TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY-SI-ZIP THE ☐ Defete ши Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-7IP

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12. I horeby 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 eath; that I am an efficer 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. 3/28/07 SIGNATURE: