

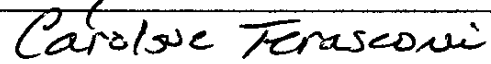


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

|   |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| <b>DOCUMENT # 710832</b>  |                                      |  |  |           |  |
| 1. Entity Name<br><b>FIRST BAPTIST CHURCH OF OSTEEN, INC.</b>   |                                      |  |  |  |  |
| Principal Place of Business<br>321 N STATE RD 415<br>OSTEEN, FL 32764   |                                      |  | Mailing Address<br>321 N STATE RD 415<br>OSTEEN, FL 32764            |  |  |
| 2. Principal Place of Business - No P.O. Box #  |                                      |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |                                      |  | Suite, Apt. #, etc.  |  |  |
| City & State  |                                      |  | City & State   |  |  |
| Zip   |                                      | Country  |  | Zip  |  |
| Country   |                                      | Country  |  | Country  |  |
| 4. FEI Number<br><b>59-2364080</b>  |                                      |  |  | Applied For<br><input type="checkbox"/> Not Applicable                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |  |  | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br><input type="checkbox"/> |  |
| 6. Name and Address of Current Registered Agent   |                                      |  | 7. Name and Address of New Registered Agent                          |  |  |
| Name  |                                      |  | Name   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                                      |  | Street Address (P.O. Box Number is Not Acceptable)                   |  |  |
| City  |                                      |  | City   |  |  |
|   |                                      |  | <input type="checkbox"/> <b>FL</b> <input type="checkbox"/> 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 _____ DATE _____  |                                      |  |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                                      |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> 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   | PD <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | VPOD <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  | MEISEL, ROBERT                       | NAME   |  |  |  |
| STREET ADDRESS  | 610 MEXICO STREET                    | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   | SANFORD, FL 32771                    | CITY-ST-ZIP  |  | U000000673617<br>03/29/07-80036-012 61.25  |  |
| TITLE   | TD <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  | ADKINS, H ALSON                      | NAME   |  |  |  |
| STREET ADDRESS  | 1315 NADINE DR                       | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   | DELTONA, FL 32738                    | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| 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. |                                      |  |  |  |  |
| SIGNATURE:   |                                      |  | Date: <u>3-14-07</u>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |  | Daytime Phone #  |  |  |
|    |                                      |  |  |  |  |