2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 712369

Entity Name: FAITH BAPTIST CHURCH, INC., OF PALATKA, FLORIDA

Current Principal Place of Business:

3920 WEAVER ROAD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

3920 WEAVER ROAD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-2410580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAUGHN, JIMMY
411 FERN STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: VAUGHN, JIMMY
Address: 411 FERN STREET
City-St-Zip: PALATKA, FL 32177

Title: PD ( ) Delete
Name: EWING, JOHN J III
Address: 143 TIMBER LANE
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete
Name: BASS, DANIEL R
Address: 533 CR 207A
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMASON, DAVID S DR.
Address: 3220 BLAIR DR.
City-St-Zip: PALATKA, FL 32177

Title: VD (X) Change ( ) Addition
Name: EWING, JOHN J III
Address: 143 TIMBER LANE
City-St-Zip: PALATKA, FL 32177

Title: TD (X) Change ( ) Addition
Name: EWING, PATRICIA M
Address: 143 TOMBER LANE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DAVID S. THOMASON PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date