FILED Feb 17, 2006 8:00 am **Secretary of State**

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TILDENVILLE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address 60018133 233 MASSEY AVE 233 MASSEY AVE WINTER GARDEN, FL 34787-5122 WINTER GARDEN, FL 34787-5122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052006 Cha-NP CR2E037 (11/05) 4. FEI Number 59-1375192 Applied For City & State City & State Not Applicable 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 MASHBURN, ERIC S Street Address (P.O. Box Number is Not Acceptable) 102 E MAPLE ST WINTER GARDEN, FL 34787 City 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 printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstatino) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change X Addition MILLER, CHARLIE NAME Cook, Leroy 14839 TICKNOR ST. STREET ADDRESS STREET ADDRESS 305 West Henson Avenue WINTER GARDEN CITY-ST-ZIP 00000 CITY-ST-ZIP Oakland, Florida 34760 TITLE ☐ Delete TITLE ☐ Change Addition NAME BOOKER, AMANDA STREET ADDRESS 1580 E BAY ST STREET ADDRESS WINTER GARDEN, FL 00000, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON, ANNIE R NAME NAME 14878 ASTROLYN DR STREET ADDRESS STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TAYLOR, EUGENE NAME NAME 2415 FOUNTAINBLEAU DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP ☐ Delete 71TLE Addition RITLE ☐ Change PETERSON, JOHNNY NAME NAME STREET ADDRESS SO AVALON RD STREET ADDRESS WINTER GARDEN, FL 00000, CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition RANSON, ROOSEVELT NAME NAME STREET ADDRESS SO AVALON RD -STREET ADDRESS CiTY-ST-ZIP WINTER GARDEN, FL 00000, CITY-ST-7IP

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

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