

2007 NOT-FOR-PROFIT CORPORATION AR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 4:37

DOCUMENT # 720869 1. Entity Name FIRST BAPTIST HILLTOP CHURCH, INC.					
Principal Place of Business 200 MAXCY DRIVE FROSTPROOF, FL 33843			Mailing Address POST OFFICE BOX 936 FROSTPROOF, FL 33843		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 05-0078914 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09172007 REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent HAMILTON, RANDOLPH 11 JEFFERSON AVENUE FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>X Randolph Hamilton</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				9/17/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to - Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, JAMES 9 GARVEY LANE FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEWIS, EVELYN 769 HUNT DRIVE LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, CHRISTINE 50 QUEENS STREET FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, SYLVIA 64 LINCOLN STREET FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, RANDOLPH 11 JEFFERSON AVENUE FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWERY, WALLACE 62 LINCOLN STREET FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Pearlie M. Lowery 62 Lincoln St. Frostproof, FL 33843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Bobbie Holloway 2401 N. Archer Rd. Avon park, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/21/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Christine Wilson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/17/07 (863)635-4617 <small>Date Daytime Phone #</small>	