


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90305 021 ****61.25

DOCUMENT # 721477 1. Entity Name THE SOUTH EBENEZER BAPTIST CHURCH OF LAUREL HILL, FLORIDA					
Principal Place of Business 8399 OLD EBENEZER RD LAUREL HILL, FL 32567				Mailing Address 8225 OLD EBENEZER RD LAUREL HILL, FL 32567	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 8225 Old Ebenezer Rd Suite, Apt. #, etc. City & State Laurel Hill FL Zip Country 32567 Okaloosa			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent CRAWFORD, BRUCE 8246 OLD EBENEZER RD LAUREL HILL, FL 32567				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>Bruce E Crawford</i></u> DATE <u>4-19-05</u> <small>Signature, typed or printed name of registered agent and trust if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY - ST - ZIP	TD KING, MARY A 8225 OLD EBENEZER RD. LAUREL HILL, FL 32567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CATO, VIRGINIA S 8279 OLD EBENEZER RD. LAUREL HILL, FL 32567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDD CRAWFORD, BRUCE 8246 OLD EBENEZER RD LAUREL HILL, FL 32567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Mary A King</i></u> Mary A. King TD				Date <u>4-19-05</u> Daytime Phone # <u>850-652-2311</u>	

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