2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723832

FILED May 01, 2006 Secretary of State

Entity Name: FIRST AVENUE BAPTIST CHURCH OF HILLIARD, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 27388 WEST FIRST AVENUE HILLARD, FL 32046 **Current Mailing Address: New Mailing Address:** P. O. BOX 637 HILLIARD, FL 32046 FEI Number: 72-3832550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VROMAN, DARRELL 27388 WEST FIRST AVENUE HILLIARD, FL 32046 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete () Change () Addition VROMAN, DARRELL Name: Name: 27388 WEST FIRST AVENUE Address: Address: City-St-Zip: HILLIARD, FL 32046 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BRANNAN, ROBIN Name: MORGAN, DIANE Address: 28092 TEMPEST TRAIL Address: RT 1 BOX 110 City-St-Zip: HILLIARD, FL 32046 City-St-Zip: FOLKSTON, GA 31537 Title: V/D () Delete Title: V/D (X) Change () Addition HODGES, WADE BRANNAN, KENNY Name: Name: 28092 TEMPEST TRAIL Address: 37296 NEW OAK ST Address: City-St-Zip: HILLIARD, FL 32046 City-St-Zip: HILLIARD, FL 32046 (X) Change () Addition Title: () Delete Title: Name: HODGES, VIRGINIA Name: VROMAN, LISA 27060 COUNTRY DR Address: 37296 NEW OAK ST Address: City-St-Zip: HILLIARD, FL 32046 City-St-Zip: HILLIARD, FL 32046 Title: () Delete Title: (X) Change () Addition BRANNAN, KENNY GORDON, ALTON Name: Name: 28092 TEMPEST TRAIL PO BOX 920 Address: Address: City-St-Zip: HILLIARD, FL 32046 City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: (X) Change () Addition MORGAN, WALTER HODGES, JARRETT Name: Name: Address: 26277 DEMPSEY CONNER Address: RT 1 BOX 110 HILLIARD, FL 32046 City-St-Zip: FOLKSTON, GA 31537 City-St-Zip:

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: DARRELL VROMAN PCD 05/01/2006