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SIGNATURE:

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-19-2008 90030 039 ****61.25 **DOCUMENT #724385** KING'S BAPTIST CHURCH, INCORPORATED 40028100 Principal Place of Business Mailing Address 3235 58TH AVE. 3235 58TH AVE. VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-NP CR2E037 (12/06) City & State City & State FEI Number Applied For 59-1713997 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Teffrey R. Smith Street Address (P.O. Box Number is Not Acceptable) SCHORNER, JAMES 1702 CLUB DRIVE VERO BEACH, FL 32963 325 28th Court SW Vero Beach 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. Jeffrey R. Smith SIGNATÚRE 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, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SECT Delete Change ☐ Addition TITLE TITLE YON, MARY NAME NAME 8745 24TH STREET STREET ADDRESS STREET ADDRESS VERO BEACH, FL CITY-ST-ZIP CITY-ST-7IP **PRES** ☐ Delete ☐ Change Addition TITLE TITLE ELLIS, FRANK NAME NAME 3235 58TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32966 **TRES** X Delete TITLE **™** Change ☐ Addition TITLE MCCULLERS, NARCIA NAME STREET ADDRESS STREET ADDRESS 2755 49TH AVE VERO BEACH, FL 32966 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 ampowered.

NED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 19, 2008 8:00 am

Secretary of State