2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727921

FILED Apr 15, 2006 Secretary of State

Entity Name: THE BIBLE BAPTIST CHURCH OF PLANT CITY, FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

809 CHARLIE GRIFFIN RD
PLANT CITY, FL 33564 US
809 CHARLIE GRIFFIN RD
PLANT CITY, FL 33566 US

Current Mailing Address: New Mailing Address:

CORNER OF CHARLIE GRIFFIN & N VIEW ROADS 809 CHARLIE GRIFFIN RD PO BOX 352 PLANT CITY, FL 33566

PLANT CITY, FL 33564

FEI Number: 59-2236273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOURN, SETH R BOURN, SETH R PASTOR
3005 NORTHVIEW RD 3005 NORTHVIEW RD
PLANT CITY, FL 33566 US PLANT CITY, FL 33566 US

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: SETH BOURN 04/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD () Delete Title: TD (X) Change () Addition

 Name:
 MCDONALD, C O,
 Name:
 MCDONALD, C O,

 Address:
 8401 SOUTHWOOD OAKS ST
 Address:
 8401 SOUTHWOOD OAKS ST

City-St-Zip: LITHIA, FL 33547

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BOURN, SETH R
 Name:
 BOURN, SETH R

 Address:
 3005 NORTHVIEW RD
 Address:
 3005 NORTHVIEW RD

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:
 PLANT CITY, FL 33566

Title: D (X) Delete Title: () Change () Addition

 Name:
 ADAMS, STEVE A
 Name:

 Address:
 205 WENDEL AVE.
 Address:

 City-St-Zip:
 LITHIA, FL 33547
 City-St-Zip:

 Title:
 VD
 (X) Delete
 Title:
 () Change () Addition

 Name:
 MOORE, MELVIN A
 Name:

 Address:
 5852 LUNN RD
 Address:

 City-St-Zip:
 LAKELAND, FL 33811
 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: SETH BOURN PD 04/15/2006