2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am Secretary of State **DOCUMENT # 728029** 1. Entity Name 03-08-2006 90162 016 ****61.25 FIRST BAPTIST CHURCH, INC., OF SPRING HILL, **FLORIDA** Principal Place of Business Mailing Address , FLORIDA LL, FLORIDA 7279 PINEHURST DRIVE 7279 PINEHURST DRIVE SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE! Number Applied For 59-2394603 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jainer STEVENS, FRANCES Street Address (P.O. Box Number is Not Acceptable) 7501 DEARDON AVE. Ambassador BROOKSVILLE FL 34613 34609 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. 3-6-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Secretary TITLE X Delete **C**hange ☐ Addition STEVENS, FRANCES Walnel, Susan 7501-DEARBON AVE. 3384 Ambassadol Ave NAME NAME Warner, Susan 3384 Ambassador Ave STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 34818 Spring Hill Fl CITY-ST-ZIP CITY-ST-ZIP FI 34609 ☐ Delete TITLE ☐ Change ☐ Addition FIGHTMASTER, CHUCK DR. NAME 6017 SCHALEKAMP DR. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY+ST-ZIP $\Pi^{*}!E$ ☐ Delete TITLE Change ■ Addition SIMPSON, RUTH C NAME NARSE STREET ADDRESS 6466 JAMAICA RD STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ 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 Section 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: South James

3-6-06

FILED