2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# 730083

Entity Name: FIRST BAPTIST CHURCH OF PORT SALERNO, INC.

Current Principal Place of Business:

4397 SE DIXIE HIGHWAY
4397 SE DIXIE HWY.
PORT SALERNO, FL 34992 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 398
4397 SE DIXIE HWY.
PORT SALERNO, FL 34992 US

New Mailing Address:

FEI Number: 59-2374032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HARPER JOE T.
5041 PINEKNOLL P.O.398
PORT SALERNO, FL 33492 US

Name and Address of New Registered Agent:

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:

Title: ST ( ) Delete
Name: WOJCIESZAK, DAVID,
Address: 1868 N E OCEAN BLVD
City-St-Zip: STUART, FL

Title: P ( ) Delete
Name: HARPER, JOE,
Address: #3 PINE KNOLL DR
City-St-Zip: PT SALERNO, FL

Title: D ( ) Delete
Name: HARPER, JOE M
Address: 5113 SE FRONT ST
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: WOJCIESZAK, KIM,
Address: 3591 S.E. LEONARD LANE
City-St-Zip: PT SALERNO,FL 00000,

Title: D ( ) Delete
Name: CRANE, R H,
Address: 4797 S.E. COMPASS WAY
City-St-Zip: PT SALERNO, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID WOJCIESZAK ST 05/02/2008
Electronic Signature of Signing Officer or Director — Date