


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 730550 1. Entity Name CAPITAL HEIGHTS BAPTIST CHURCH, INC.	
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Principal Place of Business 7150 APALACHEE PARKWAY TALLAHASSEE, FL 32311	Mailing Address 7150 APALACHEE PARKWAY TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2369028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINTON, JIMMY 9459 BOYKIN RD TALLAHASSEE, FL 32311	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRUS, DERRICK 7150 APALACHEE PKWY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, JIMMY 9459 BOYKIN RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINSEY, CLINTON W W KELLEY RD TALLAHASSEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAWICK, RACHAEL 2121 CORINNE STREET TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDEARMID, AL 8726 OLD BAINBRIDGE RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMES, ROBERT 2116 LITTLE RIVER RD. TALLAHASSEE, FL 32311

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07/10/07-80016-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:  **President** **7/8/7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #