2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 731495

Entity Name: SOUTH BISCAYNE BAPTIST CHURCH, INC.

Current Principal Place of Business:

13000 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

13000 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-2039246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ROBERT L
227 NOKOMIS AVE
VENICE, FL 34285 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: S ( ) Delete
Name: WALTERS, SHARON
Address: 3245 GATUN ST
City-St-Zip: NORTH PORT, FL 34287

Title: VD ( ) Delete
Name: LEEP, ROGER
Address: 3323 LAKEVIEW LANE
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete
Name: BOTTS, DAN
Address: 19234 ABHENRY CIR.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD ( ) Delete
Name: CROSS, JOHN DR.
Address: 13000 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: BLACK, BRENT DR.
Address: PO BOX 846
City-St-Zip: PLACIDA, FL 33946

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

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

Title: PD (X) Change ( ) Addition
Name: CROSS, JOHN DR.
Address: PO BOX 7846
City-St-Zip: NORTH PORT, FL 34287

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: DAN BOTTS TD 04/29/2008

Electronic Signature of Signing Officer or Director — Date