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

SIGNATURE:

Jan 23, 2006 08:00 AN **DOCUMENT # 784619** 1. Entity Name **Secretary of State** BIBLE BAPTIST CHURCH OF PACE, INC. Principal Place of Business Mailing Address 4001 VERN ST. PACE FL 32571 4001 VERN ST. PACE FL 32571 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2356446 Not Applicat Zip Country 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 STOKES, TED A. 104 STEWART ST.,N.E. Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 City Zip Code 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 Signature typed or printed name of registered agent and life if applicable DATE (NOTE: Registered Agent signulare required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. TD TITLE ☐ Delete TITLE Change Addition WARD, RICHARD NAME MAAR 1771 E. JOHNSON AVE. STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY - ST- ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition RICHARDS, CHARLES NAME NAME 5525 INWOOD DR STREET ACCRESS STREET ADDRESS CHY-ST-ZIP PACE FL CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addin. BARLOW, JOHN NAME MAME 01/27/05-80003-016 70.00 STREET ADDRESS 4892 BLAKEMORE STREET ADDRESS CITY-ST-ZIP PACE FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Action NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ac an TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adic" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

1-21-06 860501460: