


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 737232

1. Entity Name
MOSS BLUFF BAPTIST CHURCH, INC.



Principal Place of Business
17515 SE 95 ST RD
OCKLAWAHA, FL 32179 US

Mailing Address
17515 SE 95 ST RD
OCKLAWAHA, FL 32179 US

DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2156837 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

SMITH, JAMES M. JR.
9 N.E. FIRST AVENUE
Ocala, FL 32670

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000767435
 07/10/07-20005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, JAY 2020 SE 172 TER SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWENDER, HARRY 6611 SE 186 AVE. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO GARDNER, LYNDA 11280 SE 189 TERR OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOBLEY, KENT 12076 SE 87 CT BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Darlena Webb **DARLENA WEBB** 7/2/07 352-288-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #