2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2006 8:00 am Secretary of State **DOCUMENT #742118** 03-30-2006 90016 021 ****61.25 ORANGE BLOSSOM BAPTIST ASSOCIATION, INC. Principal Place of Business Mailing Address 2699 NORTH AMARYLLIS ROAD 2699 NORTH AMARYLLIS ROAD AVON PARK, FL 33825 US AVON PARK, FL 33825 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-6174978 Applied For Not Applicable 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 Rev. Gaylon D. Buckland HARKEY, VERNON DR Street Address (P.O. Box Number is Not Acceptable) 4131 Durango Avenue 4268 E. AVON PINES RD. AVON PARK, FL 33825 Sebring 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 Rev. Gaylon D. Buckland 3-27-06 D. Bucklano SIGNATURE (NOTE: Recustimed Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SDC PD TITLE ☐ Delete TITLE ☐ Addition Dr. George R. Lockhart BAREFIELD, JANICE NAME NAME STREET ADDRESS **1605 PALM DR** STREET ADORESS 700 W. Pleasant St. AVON PARK, FL CITY-ST-ZIP CITY-ST-7/P Avon Park, FL 33825 TITI F ☐ Delete TITL F X Addition Change GILMORE, MARY O. NAME NAME Rev. W. Mike Adams STREET ADDRESS 208 S 11TH AVE. STREET ADORESS 716 Spring Lake Blvd. CITY-ST-ZIP WAUCHULA, FL CITY-ST-ZIP Sebring, FL 33876 PD TITLE X Delete TITLE Change ☐ Addition ROBERTS, DON NAME NAME STREET ADDRESS 308 EAGLE AVE STREET ADDRESS CITY-ST-ZP SEBRING, FL 338723512 CTTY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition LOCKHART, DR GEORGE NAME NAME STREET ADDRESS 700 W PLEASANT ST STREET ADDRESS CITY-ST-ZP AVON PARK, FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TTT: F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-57-7IP

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attactment with an address, with all other like empowered.

Mary O. G1 Imore

SIGNATURE:

3-23-06

Oste

863-773-3817

Onytime Phone #

FILED