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

changed, or on an attachment

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State DOCUMENT #751691 04-26-2007 90204 013 ****61.25 1. Entity Name BAPTIST TOWERS OF PLANT CITY, INC. Principal Place of Business Mailing Address 40083614 103 W. MAHONEY ST 103 W. MAHONEY ST PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1995302 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sobert E. REDMAN, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 1108 E: KNIGHTS GRIFFIN RD % BAPTIST TOWERS OF PLANT CITY, INC. 212 N. COLLINS ST PLANT CITY, FL 33563 Zip Code 33565 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be П Trust Fund Contribution Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE 14 Channe ☐ Addition HENRY, J MYRLE NAME NAME 204 W.JOHNSON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME MALCUIT, VIRGINIA NAME 2608 SOUTHERN OAKS PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BAKER, BOBBIE NAME NAME STREET ADDRESS 1210 N. ORANGE ST. STREET ADDRESS CITY+ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition MCMICHEN, JIM NAME NAME STREET ADDRESS **503 N PALMER ST** STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition CATON, BERNIE NAME NAME STREET ADDRESS **503 SUNSET RD** STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 00000. CITY-ST-ZIP Delete TITLE TITLE ☐ Change L-Addition Robert E. Shivers REDMAN, JAMES L. NAME NAME STREET ADDRESS 212 N. COLLINS ST 1108 E. KNIGHTS GRIFFIN KD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP Plant City , FL 33565 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

ce empowered.

Date

Daytime Phone #

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED