2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# 761731

Entity Name: PINE GROVE CHURCH, INC.

Current Principal Place of Business:

26389 CR 250
SANDERSON, FL 32087 US

New Principal Place of Business:

Current Mailing Address:

26389 CR 250
SANDERSON, FL 32087 US

New Mailing Address:

P O BOX 1
MACCLENNY, FL 32063 US

FEI Number: 59-2203173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, CHARLES
RT 1 BOX 196
SANDERSON, FL 32087 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: VP (X) Delete
Name: FISH, DENNIS
Address: RT. 1 BOX 196
City-St-Zip: SANDERSON, FL

Title: S ( ) Delete
Name: SNOW, REBECCA L.,
Address: RT 1 BOX 196
City-St-Zip: SANDERSON, FL

Title: T (X) Delete
Name: LINSTER, CHRISTY,
Address: RT 1 BOX 196
City-St-Zip: SANDERSON, FL 00000,

Title: D (X) Delete
Name: GODWIN, ROGER,
Address: RT 1 BOX 196
City-St-Zip: SANDERSON, FL 00000,

Title: PD ( ) Delete
Name: WOODS, MARK,
Address: 1218 S. 5TH ST. PO BOX 1
City-St-Zip: MACCLENNY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: TAYLOR, ANN,
Address: RT 1 BOX 196
City-St-Zip: SANDERSON, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK WOODS D 01/21/2005

Electronic Signature of Signing Officer or Director — Date