2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763023

FILED Apr 20, 2005 Secretary of State

Entity Name: FIRST BAPTIST CHURCH, LYNN HAVEN, FLORIDA

Current Principal Place of Business: New Principal Place of Business: 1005 OHIO AVENUE LYNN HAVEN, FL 32444 **Current Mailing Address: New Mailing Address:** 1005 OHIO AVENUE LYNN HAVEN, FL 32444 FEI Number: 59-0908712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, HAROLD 1011 IOWA AVE LYNN HAVEN, FL 32444 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KIRKLAND, MARLON Name: Name: 9129 N. MCCANN ROAD Address: Address: City-St-Zip: PANAMA CITY, FL 32409 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, MONTEL Name: Name: Address: 116 CAROLINA AVE. Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: () Delete Title: () Change () Addition PETERSON, HELEN Name: Name: Address: 3919 PETERSON LANE Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRAY, WILLIAM (BILL) Name: 1220 PENNSYLVANIA AVE. Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: () Delete Title: (X) Change () Addition HALSTEAD, DAVID HOLCOMBE, SUE Name: Name: 1218 MICHIGAN AVENUE 1900 VERMONT AVENUE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444 Title: () Delete Title: (X) Change () Addition PHILLIPS, HAROLD OWENS. DONNIE Name: Name: 1216 HUNTINGTON RIDGE ROAD Address: 1011 IOWA AVE. Address: LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 City-St-Zip: 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: HAROLD PHILLIPS RA 04/20/2005