


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

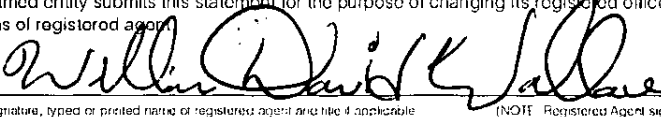
**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90040 007 \*\*\*\*61.25

<b>DOCUMENT # 764787</b> 1. Entity Name <b>MISSIONARY BIBLE BAPTIST CHURCH, INC.</b>		
Principal Place of Business <b>3401 SE LAKE WEIR AVE OCALA FL 34471 US</b>		Mailing Address <b>3401 SE LAKE WEIR AVE OCALA FL 34471 US</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip



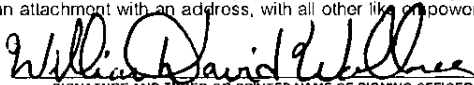
1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1742993</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WOODWARD, RAY 3415 N.E. 10TH STREET OCALA FL 34470</b>		7. Name and Address of New Registered Agent Name <b>William David Wallace</b> Street Address (P.O. Box Number is Not Acceptable) <b>3401 SE Lake Weir Ave</b> City <b>OCALA</b> FL Zip Code <b>34471</b>	
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: <b>2-9-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, JOHN	NAME	Boston Pritchard
STREET ADDRESS	P.O. BOX 2665	STREET ADDRESS	16965 S.E. 3RD PLACE
CITY- ST- ZIP	BELLEVUE FL 34421	CITY- ST- ZIP	Silver Springs, FL 34488
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODWARD, RAY	NAME	William D Wallace
STREET ADDRESS	3415 NE 10TH STREET	STREET ADDRESS	3401 SE Lake Weir Ave
CITY- ST- ZIP	OCALA FL 34470	CITY- ST- ZIP	OCALA, FL 34471
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, RICHARD	NAME	
STREET ADDRESS	3921 SE 33RD AVE.	STREET ADDRESS	
CITY- ST- ZIP	OCALA FL 34480	CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERFELT, VIRGIL	NAME	Dou Sharpe
STREET ADDRESS	PO BOX 301	STREET ADDRESS	4285 NE 10th Terrace
CITY- ST- ZIP	ANTHONY FL 32617	CITY- ST- ZIP	Silver Springs, FL 34488
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, KEITH	NAME	
STREET ADDRESS	44 SE 61ST COURT.	STREET ADDRESS	
CITY- ST- ZIP	OCALA FL 34472	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	John Cole Tres.
STREET ADDRESS		STREET ADDRESS	P.O. Box 2665
CITY- ST- ZIP		CITY- ST- ZIP	Bellevue, FL 34421

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **William David Wallace** DATE: **2-9-07** (252) DAYTIME PHONE #: **622-8750**