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

Mar 28, 2007 8:00 am **Secretary of State DOCUMENT #765277** 03-28-2007 90009 004 ****61.25 WINDY HILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 9896 REBEL ROAD 9896 REBEL ROAD TUU 4 - - -PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2155895 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Recutred 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JOEL Street Address (P.O. Box Number is Not Acceptable) 2741 ASHBURY LANE CANTONMENT, FL 32533 Zip Code 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 Signature, typed or presed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DECKAR EVAN Dacker Evan NAME NAME 9800 WINDY HILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HOLLEY, DENNIS NAME NAME STREET ADDRESS 9810 SMALLWOOD DR STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EZELL, HERSCHEL HAME NAME STREET ADDRESS 7380 FRANK REEDER ROAD STREET ADDRESS CATY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P TITLE Delete TITLE ☐ Addition NAME MANAG STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachighnt with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CUTY-ST-7P

DEFICER OF DETECTOR

FILED