2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769169

Entity Name: SPRUCE CREEK BAPTIST CHURCH, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O HAYES B. DAVIS, JR.

1952 TAYLOR ROAD

DAYTONA BEACH, FL 32124

C/O HAYES B. DAVIS, JR.

1952 TAYLOR ROAD

DAYTONA BEACH, FL 32124

DAYTONA BEACH, FL 32128

Current Mailing Address: New Mailing Address:

C/O HAYES B. DAVIS, JR.

1952 TAYLOR ROAD

DAYTONA BEACH, FL 32124

C/O HAYES B. DAVIS, JR.

1952 TAYLOR ROAD

DAYTONA BEACH, FL 32124

DAYTONA BEACH, FL 32128

FEI Number: 59-2754313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, HAYES B., JR.

1952 TAYLOR ROAD

DAYTONA BEACH EL 32124 LIS

DAYTONA BEACH EL 32124

DAYTONA BEACH, FL 32124 US DAYTONA BEACH, FL 32128 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: HAYES B. DAVIS, JR. 04/15/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition Name: HAYNES, O. L. Name: HAYNES, O. L

 Address:
 1086 KINGSWOOD WAY
 Address:
 1086 KINGSWOOD WAY

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 PORT ORANGE, FL 32129

Title: PD () Delete Title: () Change () Addition

 Name:
 COX, CLYDE E
 Name:

 Address:
 4298 FALLEN LEAF DRIVE
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 PEPPER, DONN
 Name:

 Address:
 102 DEE ST
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168
 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: O.L. HAYNES SD 04/15/2004