2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770424

FILED Feb 28, 2007 Secretary of State

Entity Name: COLLEGE ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 5010 SW HWY 200 OCALA, FL 34474 US **Current Mailing Address: New Mailing Address:** 5010 S.W. COLLEGE ROAD OCALA, FL 34474 US FEI Number: 59-2032528 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: DOWNING, JOHN DOWNING, JOHN 5790 SW 103 ST. RD. 9205 SW 91 CIRCLE OCALA, FL 34476 OCALA, FL 34481 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: 02/28/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DOWNING, JOHN, DOWNING, JOHN, Name: Name: 5790 S.W. 103 ST. RD. Address: 9205 SW 91 CIRCLE Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34481 Title: VD Title: () Delete () Change () Addition LIPPO, JACK Name: Name: Address: 6350 SW 85 ST Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: () Change () Addition BICE, ALTON, Name: Name: Address: 8719 SW 92 LANE Address: City-St-Zip: OCALA, FL 34481 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition Name: ROWE, GEORGE, Name: CALDWELL, GEORGE, 10200 SW 69 COURT Address: Address: 6975 SW 99 ST City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34476 Title: () Delete Title: () Change () Addition JINRIGHT, ED Name: Name: 440 NW 100 AVE Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: () Change () Addition DALTON, EVELYN J., Name: Name: Address: 7655 SW 27TH AVE Address: OCALA, FL 34476 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 Chapter 119, 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: EVELYN J. DALTON S 02/28/2007