2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 770437** 03-01-2006 90003 046 ****61.25 1. Entity Name BALDWIN AVENUE BAPTIST CHURCH, INC., OF DEFUNIAK SPRINGS, FLORIDA Principal Place of Business Mailing Address 1618 W. BALDWIN AVENUE DEFUNIAK SPRINGS FL 32433 P.O. BOX 1213 DEFUNIAK SPRINGS FL 32435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-6529485 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKINO Whiddow William RUSHING, DELMAR Street Address (P.O. Box Number is Not Acceptable), 294 German CLUD RCOO 348 GOODWIN ROAD ROUTE 1,BOX N-151 DEFUNIAK SPRINGS FL 32433 Defuniak Springs 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 age 2-19-06 DATE **SIGNATURE** upor signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change ☐ Addition WHIDDON, FRANK NAME 263 GERMAN CLUB ROAD STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL** CITY-ST-ZIP City-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, CHARLES G. NAME NAME 55 LUIDNER CR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HALL, JONATHAN C. NAME NAME STREET ADDRESS KIDD ROAD STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition

FILED