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

FILED Apr 27, 2006 08:00 AM Secretary of State DOCUMENT # N00000007157 PRAISE THE LORD ALL YE SAINTS OF ESCAMBIA COUNTY, FLORIDA, INC. Principal Place of Business Mailing Address 6017 STEWART STREET 4318 SABLAN LANE MILTON FL 32570 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3741736 Not Applicable Ζip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBSTER, JOANNE Street Address (P.O. Box Number is Not Acceptable) 4318 SABLAN LANE MILTON FL 32583 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 printed name of registered agent and title if applicable (NOTE: Rouistered Agent signature returned when rainstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDS Delete TITLE THILE Change Addition WEBSTER, JOANNE MAME NAME 4318 SABIAN LANE STREET ADDRESS STREET ADDRESS MILTON FL 32583 CITY-ST-ZIF CITY-ST-ZIP VCTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBSTER, MICHAEL MAME NAME STREET ADDRESS 4318 SABIAN LANE STREET ADDRESS MILTON FL 32583 CHY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE 05/09/06-80058-DI GargeO. DOAddillon TITLE HARDAWAY, CHARLIE NAME NAME STREET ADDRESS 4318 SABIAL LANE STREET ADDRESS CITY-ST-7IP MILTON FL 32583 CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ODOM, RUTHIE NAME STREET ADDRESS STREET ADDRESS 4318 SABIAN LANE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 ☐ Defete TITLE ☐ Change ☐ Addition MITE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-789

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 eath; 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: 00/1000 11/0055... A TOANNIE LIEBS TER 4/294.06 850-983-496.