2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007824

FILED Jan 30, 2008 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF PALATKA, INC.

Current Principal Place of Business: New Principal Place of Business: 501 OAK STREET PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 501 OAK STREET P.O. BOX 130 PALATKA, FL 32177 PALATKA, FL 32178 FEI Number: 59-0714834 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: BECKWITH, NONDUS G 501 OAK STREET PALATKA, FL 32177 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete BATES, BEN Name: Name: RT 7 BOX 298 Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TURNER, BILL Name: Address: 2605 FAIRWAY DR. Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: DS () Delete Title: () Change () Addition DUPONT, MICHAEL Name: Name: Address: RT 2 BOX 175 Address: City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition PIGNATO, JEFF Name: Name: FRANK, SUSAN M Address: 1115 LEE ST. Address: 314 S 8TH STREET City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: () Change () Addition BAKER, MARY Name: Name: 320 NORTH 3RD ST. Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURPHY, PEGGY MURPHY, PEGGY Name: Name: Address: 143 WELTON RD Address: 143 WATON RD EAST PALATKA, FL 32131 EAST PALATKA, FL 32131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NONDUS G. BECKWITH FA 01/30/2008