2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000300

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: ASSOCIATED BAPTIST PRESS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11905 LORETTO SQUARE DR JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 23769 JACKSONVILLE, FL 32241 FEI Number: 59-3691741 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: WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256 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: () Delete (X) Change () Addition BORDERS, GEORGE TOBIAS, HUGH Name: Name: 3713 SHALLOWTAIL TRACE Address: 14248 MIDDLEHAM LANE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: JACKSONVILLE, FL 32223 Title: MGR Title: () Delete () Change () Addition WARNER, GREGORY D Name: Name: Address: 11905 LORETTO SQUARE DR Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: (X) Change () Addition FIELDS, RANDALL H GOUGH, KERRY Name: Name: 200 CONCORD PLAZA - SUITE 100 693 GLEN ABBEY DRIVE Address: Address: City-St-Zip: SAN ANTONIO, TX 78216 City-St-Zip: AUGUSTA, GA 30907 Title: () Delete Title: (X) Change () Addition Name: HALL, ROGER W Name: FREEMAN, JOHN 1826 PLUM CREEK Address: Address: 11427 WEST RICKS CIRCLE City-St-Zip: MIDLOTHIAN, TX 76065 City-St-Zip: DALLAS, TX 75230

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

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

VICK, ED

2205 NANCY ANN DRIVE RALEIGH, NC 27607

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY BERGSTROM DO 04/30/2008

() Delete

() Delete

UNGER, BRIAN

TURNER, JOE

PO BOX 392

401 LAKESIDE DRIVE

LIBERTY, MO 64068

CLEMSON, SC 29633

() Change () Addition

(X) Change () Addition