2008 NOT-FOR-PROFIT CORPORAȚION ANNUAL REPORT (AR)

FILED Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # N01000001864 1. Entity Name GANDY BAPTIST CHURCH INC. Principal Place of Business Mailing Address 3801 E GANDY, RD 3801 E GANDY RD BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-3457860 Not Applicable Zιp \$8.75 Additional Country Zψ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYSON, BOBBY L SR Street Address (P.O. Box Number is Not Acceptable) 8150 CHEROKEE RD BARTOW FL 33830 City Zip Code 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: Registered Agent signature regulated when reinstating) FILE NOW: FEE IS \$61.25 L PIELTAL EF TAT Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Addition ☐ Delete ☐ Change TYSON, BOBBY NAME NAME 8150 CHEROKEE RD STREET ADDRESS STREET ADDRESS U00000836958 BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZiP 016-61 Delete ☐ Change ☐ Addition LIGHTSEY, JOHN ¢ NAME 3801 E GANDY RD STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE Change Addition LIGHTSEY, THERESA ¢ NAME NAME 3801 E GANDY RD STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-Z-P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME COLLIER, BROTHER NAME 3801 E GANDY RD STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP TITLE ☐ Delete TITLL Change Addition NAME NAME STRUET AUDBESS STREET ADDRESS CHIVEST- 7/P CITY-SI-ZIP

12. Thereby 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.

SIGNATURE: