


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90200 027 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N01000008808 1. Entity Name SHADY SEA MISSIONARY BAPTIST CHURCH, INC. | | | |  | |
| Principal Place of Business 152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327 | | | Mailing Address 152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327 | | |
| 2. Principal Place of Business 47 Shady Sea St. Suite, Apt. #, etc. | | 3. Mailing Address 47 Shady Sea St. Suite, Apt. #, etc. | | | |
| City & State Crawfordville, FL. Zip 32327 | | City & State Crawfordville, FL. Zip 32327 | | 4. FEI Number 02-0531022 | |
| Country Wakulla | | Country Wakulla | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, ALASKA 152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327 | | | | 7. Name and Address of New Registered Agent Name Daniel Pearce Street Address (P.O. Box Number is Not Acceptable) 92 Merwyn Dr. City Crawfordville, FL Zip Code 32327 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GILBERT, HARLEY 262 EMERALD ACRES DR. CRAWFORDVILLE, FL 32327 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALASKA BROWN 152 ALASKA BROWN RD. CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRAY, CHINA 3588 SPRING CREEK HWY CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/T (TRUSTEE, TREASURER) China GRAY 3588 Spring Creek Hwy Crawfordville, FL 32327 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SPENCE, JEAN 1143 JEFFREY RD TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NICHOLS, CLYDE 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NICHOLS, MARY 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Gladys Kilgore 9 BB Circle CRAWFORDVILLE, FL 32312 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jean Spence</i> (Secretary) | | | Date 4-22-06 Daytime Phone # 850 644-7177 | | |