


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

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90026 018 ****70.00

DOCUMENT # N02000002346	
1. Entity Name SCRUB CREEK BAPTIST CHURCH INC	

Principal Place of Business P O BOX 1416 CROSS CITY FL 32628	Mailing Address P O BOX 1416 CROSS CITY FL 32628
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2. Principal Place of Business 5451 NE 351 HWY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CROSS CITY, FLORIDA, 32628		City & State	
Zip 32628	Country DIXIE	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2289519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REVELL, CECIL HC 4 BOX 68 OLD TOWN FL 32680		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D JACKSON, HENRY HC6 BOX 7010 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, HENRY 2689 NE 289TH AVE OLD TOWN, FLORIDA, 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, JOHN HC 6 BOX 7010 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN COWART 236 NE 500TH ST OLD TOWN, FLORIDA, 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELL, CECIL HC 4 BOX 68 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECIL REVELL 370 NE 512TH AVE OLD TOWN, FLORIDA, 32680 <input checked="" 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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 _____

02/12/06

252 542 0548