## ANNUAL KEPUKI (AK)

## DOCUMENT # N02000002550 1. Entity Name FILED Feb 21, 2007 08:00 AM Secretary of State BURNING BUSH EVANGELISTIC ASSOCIATION INC. Principal Place of Business Mailing Address 728 NW 7TH AVE. GAINESVILLE FL 32601 PO BOX 264 GAINESVILLE FL 32603 2. Principal Place of Business - No P.O. Box # } 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 04-3740637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo RAWLS, CORNELIA Street Address (P.O. Box Number is Not Acceptable) 728 NW 7TH AVE. GAINESVILLE FL 32601 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 required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITLE Delete HILE ☐ Addition U00000642<u>72</u>4 NAME VENSON, JENNIFER NAME STREET ADDRESS STREET ADDRESS 03/01/07-80055-005 70.00 728 NW 7TH AVE. CITY-ST-ZIP **GAINESVILLE FL 32601** CITY-ST-ZIP IIILE ☐ Delete TITEF Change Addition NAME NAME KING, LORETTA STREET ADDRESS 728 NW 7TH AVE. STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL 32601** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TATLE NAME GRIFFIN, CLARA NAME STREET ADDRESS STREET ADDRESS 728 NW 7TH AVE. CITY - ST - ZIP CITY-ST-ZIP **GAINESVILLE FL 32601** III ☐ Delete ☐ Change ☐ Addition NAME NAME RAWLS, CORNELIA STREET ADDRESS STREET ADDRESS 728 NW 7TH AVE. CHTY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32601 TITLE ☐ Deleie TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - SJ - ZJP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 offect as if made under eath; 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 Statutos; 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.