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

FILED Apr 18, 2008 08:00 A Secretary of State DOCUMENT # N02000002550 BURNING BUSH EVANGELISTIC ASSOCIATION INC. Principal Place of Business Mailing Address 728 NW 7TH AVE. **PO BOX 264** GAINESVILLE FL 32601 GAINESVILLE FL 32603 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Salle, Apt. #, etc. 1st MOORE CR2E037 (10/07) 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 Name RAWLS, CORNELIA Street Address (P.O. Box Number is Not Acceptable) 728 NW 7TH AVE. GAINESVILLE FL 32601 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or contou come of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By May 1, 2008 Trust Fund Contribution Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change VENSON, JENNIFER NAME NAME 728 NW 7TH AVE. STREET ADDRESS STREET ADDRESS U0000009078: GAINESVILLE FL 32601 CITY-ST-ZIP CITY-ST-ZIP -006 70.00 TITLE Delate IIILE Change ___ Addition KING, LORETTA NAME RAME 728 NW 7TH AVE. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIP CITY ST-ZiP T:TLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, CLARA NAME NAME 728 NW 7TH AVE. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 CITY - ST-ZIP CITY-ST-ZIP THE ☐ Dalete ☐ Change Addition RAWLS, CORNELIA NAME MAME STREET ADDRESS 728 NW 7TH AVE. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP THE ☐ Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP HILE Delete TITLE ☐ Change Addition 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 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 attendment with an address, with all other like empowered.

SIGNATURE:

well & &

Y/26/08

352-373-6377