

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N02000006432</b> 1. Entity Name <b>SHADY GROVE BAPTIST CHURCH OF GRAND RIDGE, FLORIDA, INC.</b>				 <b>Feb 28, 2006 8:00 am</b> <b>Secretary of State</b> 02-28-2006 90017 043 ****61.25	
Principal Place of Business <b>7304 BIRCHWOOD RD GRAND RIDGE, FL 32442</b>				Mailing Address <b>7304 BIRCHWOOD RD GRAND RIDGE, FL 32442</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<div style="text-align: center;"> </div> <div>             02062006    Chg-NP    CR2E037 (11/05)           </div> <div>             4. FEI Number  <b>59-2344839</b> </div> <div>             Applied For  <input type="checkbox"/> Not Applicable           </div> <div>             5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent  <b>KINARD, ALLEN K 580 BLUEBERRY DR GRAND RIDGE, FL 32442</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.  <div style="display: flex; justify-content: space-between;"> <div>             SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> <b>2-18-06</b>  <small>DATE</small> </div> </div> <div style="text-align: center; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P	SWAFFORD, JAMES E REV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		PO BOX 947		NAME	
CITY-ST-ZIP		BLOUNTSTOWN, FL 32424		STREET ADDRESS	
				CITY-ST-ZIP	
TITLE	T	KINARD, ALLEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7304 BIRCHWOOD RD		NAME	
STREET ADDRESS		GRAND RIDGE, FL 32442		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	CARPENTER, CHERIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7304 BIRCHWOOD RD		NAME	
STREET ADDRESS		GRAND RIDGE, FL 32442		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	ROBERTS, LOLA N	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		826 STONE RD		NAME	
STREET ADDRESS		GRAND RIDGE, FL 32442		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	C	KINARD, BEVERLY	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PO BOX 715		NAME	
STREET ADDRESS		SNEADS, FL 32460		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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:** Beverly J. Knud, Church Clerk 2-18-06 850-593-6180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #