2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007
Secretary of State

DOCUMENT# N03000005737

Entity Name: VIERA FIRST BAPTIST FELLOWSHIP INC.

Current Principal Place of Business:

8751 TRAFFORT DRIVE
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

PO BOX 560424
ROCKLEDGE, FL 329560424 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUCKER, AUBREY H JR
2020 MIZELL AVENUE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BUFORD, SHARON L
Address: 1227 GOLDEN POND LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete
Name: RAPPLEYEA, MILLARD C
Address: 4604 N FRIDAY CIRCLE
City-St-Zip: COCOA, FL 32926

Title: T ( ) Delete
Name: SHAW, JACK A
Address: 5486 CARRICK ROAD
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BUFORD, SHARON L
Address: 914 NELE AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DYER, VIRGINIA
Address: 515 LOUIS DR.
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BUFORD T 07/20/2007

Electronic Signature of Signing Officer or Director — Date