200	6 NOT-FOR-PRO			FILED Mar 29, 2006 8:00 ar	n
DOCUMENT # N04000002869 1. Entity Name				<b>Secretary of State</b> 03-29-2006 90136 049 ****61.25	
DOCTORS	S INLET BAPTIST CHURCH,	INC.			
Principal Place	e of Business	Mailing Address		-	
384 LOGAN AVENUE ORANGE PARK FL 32065		384 LOGAN AVENUE ORANGE PARK FL 32065			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)	
City & State		City & State		4. FEI Number Applied F 56-2381788 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired  Status Desir	
-	6. Name and Address of Current F	legistered Agent	Náme	7. Name and Address of New Registered Agent	
CARTER, LINDA 384 LOGAN AVENUE			Street Address	is (P.O. Box Number is Not Acceptable)	
	NGE PARK FL 32065				
			City	FL Zip Code	
SIGNATURE .	Signature, typed or primice nume of registered agent a FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Ca	E Registered Agent signature requirements of the signature require	\$5.00 May Be Added to Fees Florida Department of State	-
<u>- 10.</u>	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS	PD LACASSE, TERRY 626 MYRTLE AVE GREEN COVE SPRINGS FL 32043	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	ddition
	VD LACASSE, ALICE 626 MYRTLE AVENUE GREEN COVE SPRINGS FL 32043	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Ac	ddition
NAME STREET ADDRESS	STD SEVERNS, TRACY 1832 LAKEDGE DRIVE MIDDLEBURG FL 32068	🕅 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗍 Ar	ddilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BJRNHAM, LARRY D. 1720 GLEP LAJREL DA MIDDLEBJRL FL 3206	-	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🚺 Ac	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURST, LURETTA 680 TRUPICAL PAREWAY ORANUE PARK, FL 32	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Ac	ddition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RONDA BURNHAM 1720 GLEN LAUREL MIDDLE BURL , F- 32	ା Delete ୦ (୦ ୪	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗌 Change 🔄 Ac	ddition
indicated	on this report or supplemental report is poration or the receiver or trustee empti d, or on an attachment with an address	true and accurate and their	my signature shall have th trasteduir to by Chapter red	ained in Section 119, Florida Statutes, I further certify that the informal the same legal effect as if made under oath; that I am an officer or dire or 617, Florida Statutes; and that my name appears in Block 10 or Block 10 or Block $3 \sqrt{13}/36$ $404-276-8426$	ector k 11