2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

1. Entity Nam	ACLE MISSIONARY BAPT		Y		01	-17-200	07 90054 02		25	
Principal Place 1204 N PALO PANAMA CITY	O ALTO AVE	Mailing Address 1204 N PALO ALTO AV PANAMA CITY, FL 324	-							
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072007 C	hg-NP	CR2E	37 (12/06)		
City & State		City & State			4. FEI Number 04-378930	 64		 	plied For	
Zip	Country	Zip	Country	•	5. Certificate of S		red 🛄	\$8.75 Add	fitional	
	6. Name and Address of Currer	t Registered Agent	<u> </u>		7. Name and Ad	dress of N	lew Registered		<u> </u>	
HILL. R. MICHAEL				Name						
431 OAK A	AVE		Street Address			(P.O. Box Number is Not Acceptable)				
PANAMA	CITY, FL 32401									
ří	gg V		City				FI	Zip Cod	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office	or register	ed agent, or both, in	n the State	of Florida. I am	familiar with,	and accept	
inc obligat	none or registered agent.									
SIGNATURE.	Signature, typed or printed name of registered age									
	Signature, typed or printed name or registered age	n) and title if applicable. (NOT	E Registered Agent sign:	ature required	when reinstating)		DATE			
	÷"			ature required		1				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car	E Registered Agent signs mpaign Financing Contribution.	ature required	\$5.00 May Be Added to Fees			ck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND 0	9. Election Car Trust Fund (mpaign Financing		\$5.00 May Be Added to Fees	GES TO O	Make chec Florida Depa	IRECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D P/D MCCALISTER, JAMES 1204 N PALO ALTO AVE	9. Election Car Trust Fund (mpaign Financing Contribution.	PIC MCL IAC	\$5.00 May Be Added to Fees ADDITIONS/CHANG TALSET	, 30°	Make chec Florida Depa FICERS AND E	ertment of St	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-07

Daytime Phone #