2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar $2\overline{4}$, $\overline{2005}$ 8:00 am **Secretary of State** DOCUMENT # N04000010997 03-24-2005 90027 002 ****61.25 FIRST BAPTIST CHURCH OF ESTO, INC. Principal Place of Business Mailing Address 3442 SPRING VALLEY LANE 3442 SPRING VALLEY LANE BONIFAY, FL 32425 BONIFAY, FL 32425 2. Principal Place of Busines 1050 North H 3. Mailing Address P.O. BOX 5111 Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 CR2E037 (10/03) Chg-NP Bonifay City & State Applied For Florida 74-3104965 Esto. Not Applicable Country , Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 32425 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ryan Begue Street Address (P.O. Box Number is Not Acceptable) BEGUE, RYAN 1050 N HWY 79 BONIFAY, FL 32425 3442 SPRING 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 3-6-05 SIGNATURE (NOTE: Registered Agent signsture required when reinstating) 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Trustee Addition Neil Culbreth 701 Struce Road NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Graceville, Florida 32440 Trustee Jeff Elmore 1737 Highway 173 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Graceville, Florida 32440 Trustee / Clerk Frances Kirkland TITLE Addition ☐ Delete ☐ Change NAME P. O. Box 5103 STREET ADDRESS STREET ADDRESS Esto, Florida 32425 CITY-ST-ZIP CITY-ST-7P Trustee Louise McGowan ☐ Delete TITLE Addition ☐ Change MAJE NAME P. O. BOX 5101 STREET ADDRESS STREET ADORESS Esto, Florida 32425 CITY-ST-ZIP CITY-ST-ZIP Trustee TITE F ☐ Delete ☐ Change Addition Jerry Newman 1358 Gavin Road Bonifay, Florida 32425 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Trustee/Treasurer TITLE ☐ Defete TITLE ☐ Change Addition Joan Watkins P.O. Bux 234 NAME NAME STREET ADORESS STREET ADDRESS Graceville, Florida 32440 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

2005 NOT-FOR-PROFIT CORPORATION ATTACHMENT

| DOCUMENT(# N04000010997 | | | | | | | | |
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| 1. Entity Nam | e \ | | | | | | | |
| FIRST BA | APTIST CHURCH OF ESTO | | | | | | | |
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| Principal Plac | e of Business | Mailing Address | | | ろひろしり | O V | | |
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| BONIFAY, FL | 32425 | BONIFAY, FL 32425 | | | | | | |
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| 2 Principal P | tace of Business | 3. Mailing Address | | | | | | |
| 100 | North Highway 79 | P.O. Box | 5111 | | | | | |
| Suite Ant | North Highway 79 | Suite, Apt. #, etc. | . | 020,42005 | | | | |
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| City & State City & State | | | | 4. FEI Number | | Ap | plied For | |
| Bonifay, Florida Esto, FI | | Esto, Florid | 4 | | 74-310496. | S No | t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of 5 | Status Desired | \$8.75 Add | itional | |
| 324 | 25 USA | 32425 | USA | 5. Certificate of t | naius Desired | Fee Required | d | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Ad | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Ryan Be | Ryan Begue | | | |
| BEGUE, RYAN 1050 N HWY 79 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| BONIFAY, | | • | | | | | | |
| | | | 24 | 142 Spring | Valley La | n e | | |
| | | | | | | - Zip Code | | |
| | | | | nifay | | | 425 | |
| | named entity submits this statement for | r the purpose of changing its | registered office or | registered agent, or both, i | n the State of Florida. I | am familiar with, | and accept | |
| the obligations of registered agent. | | | | | | | | |
| 3-6-05 | | | | | | | | |
| SIGNATURE . | Sof Blue, typed or printed partie of regestered agent a | and title if applicable. (NOTE | : Registered Agent signatur | re required when reinstating) | DA | TE | | |
| | | | | | T | | | |
| | Filling Fee is \$61.25 | 9. Election Carr | nnaion Financino | 45.00 | Make ct | reck payable to | . | |
| 1 | | | | _ \$5.00 May Be | l . | | | |
| | Due by May 1, 2005 | . Trust Fund C | | 35.00 May Be Added to Fees | l . | partment of St | 1 | |
| 10. | _ | Trust Fund C | | Added to Fees | l . | partment of St | ate | |
| 10. | Due by May 1, 2005 | Trust Fund C | 11. | Added to Fees ADDITIONS/CHANGE TOUSTEE | Florida De | partment of St | ate | |
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| TITLE | Due by May 1, 2005 | Trust Fund C | 11. TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHANGE Trustee Brady Wells P.O. BOX 5114 | Florida De | partment of St | 10 | |
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