2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N05000003427 03-27-2006 90258 010 ****61.25 1. Entity Name MT. GILEAD BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 13035 MT. GILEAD CHURCH RD. 13035 MT. GILEAD CHURCH RD. GREENVILLE, FL 32331 GREENVILLE, FL 32331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 03-0436446 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James LAMAR HMAN, JR BRANNAN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 2400 PISGAH RD. **PERRY, FL 32347** Zip Code 32347 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. JAMES LAMAR DATE 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00 May** Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 10. TILE Delete MLE Change Change Addition BRANNAN, Edward BRANNAN, EDWARD NAME MALK 2400 Plagah RD. 2400 PISGAH RD. STREET ADDRESS STREET ADDRESS PERRY, FL 32347 CITY-ST-7IP CITY-ST-7IP Perry, F1.32347 TITLE TITLE ☐ Change ☐ Detete ☐ Addition VANN, CHARLIE NAME STREET ADDRESS 13550 MT. GILEAD CHURCH RD. STREET ADDRESS CITY-ST-ZIP GREENVILLE, FL 32331 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition SHEFFIELD, CHARLES NAME 7957 LUTHER WILSON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENVILLE, FL 32331 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition EAKINS, HERBERT NAME MARKE STREET ADDRESS 604 EAST BACON ST. STREET ADDRESS PERRY, FL 32348 CITY-ST-ZIP CITY-ST-7P IIILE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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:

Shiffuld, Iriasurer

FILED

Mar 27, 2006 8:00 am