


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N05556 1. Entity Name BILTMORE BAPTIST CHURCH, INC.	
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Principal Place of Business 3525 NORMAN E. THAGARD BLVD. C/O NORMAN MCCLOUD JACKSONVILLE, FL 32254	Mailing Address 3525 NORMAN E. THAGARD BLVD. C/O NORMAN MCCLOUD JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1878851	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLOUD, NORMAN 6420 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32222
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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, EUGENE 3042 LOWELL AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCLOUD, NORMAN 6420 OLD MIDDLEBURG RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CREWS, JAMES 2847 W. 5TH ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMPSON, FAYE 8130 COLVILLE RD. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80072-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: James A. Crews 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #