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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05731 (7)

1. Corporation Name

BIG BEND BAPTIST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1077  
PANACEA FL 32346  
USP. O. BOX 1077  
PANACEA FL 32346-1077  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, MIKE  
1 COURTHOUSE SQUARE NORTH  
CRAWFORDVILLE FL 32327

81 Name FINLEY L. McMILLAN, TRUSTEE CHAIRMAN

82 Street Address (P.O. Box Number is Not Acceptable)  
286 Mashas Sands Road

83

84 City PANACEA

FL

85 Zip Code 32346

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signed, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME GRAY, RODNEY  
STREET ADDRESS RT. 1 BOX 3077  
CITY - ST - ZIP CRAWFORDVILLE FL 323271.1 TITLE TRUSTEE ☐ Change ☒ Addition  
1.2 NAME FINLEY L. McMILLAN  
1.3 STREET ADDRESS P. O. BOX 68 286 Mashas Sands Road  
1.4 CITY - ST - ZIP PANACEA, FL 32346TITLE D ☐ DELETE  
NAME HARVEY, ROBERT  
STREET ADDRESS RT. 3 BOX 5101  
CITY - ST - ZIP CRAWFORDVILLE FL 323272.1 TITLE ☐ Change ☐ Addition  
2.2 NAME ROBERT HARVEY  
2.3 STREET ADDRESS 268 HARVEY MILL ROAD  
2.4 CITY - ST - ZIP CRAWFORDVILLE, FL 32327TITLE D ☒ DELETE  
NAME WHALEY, JOHN  
STREET ADDRESS RT. 2 BOX 4755  
CITY - ST - ZIP CRAWFORDVILLE FL 323273.1 TITLE TRUSTEE ☐ Change ☒ Addition  
3.2 NAME DELMAR THOMAS  
3.3 STREET ADDRESS 81 OTTER LAKE ROAD  
3.4 CITY - ST - ZIP PANACEA, FL 32346TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Finley L. McMILLAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

914 984-5777

CR2E037 (9/96)