2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11593

FILED Jan 07, 2008 Secretary of State

Entity Name: COLONIAL OAKS BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** COLONIAL OAKS BAPTIST CHURCH 6901 BEE RIDGE ROAD SARASOTA, FL 34241 **New Mailing Address: Current Mailing Address:** COLONIAL OAKS BAPTIST CHURCH 6901 BEE RIDGE ROAD SARASOTA, FL 34241 US FEI Number: 59-2583277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAWSER, TIMOTHY W 6901 BEE RIDGE ROAD SARASOTA, FL 34241 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEINMETZ, RICK Name: Name: 2281 VINTAGE STREET Address: Address: City-St-Zip: SARASOTA, FL 34240 US City-St-Zip: Title: TC () Delete Title: TC (X) Change () Addition Name: BRESCIANI, BOB Name: CASE, JIM Address: 3025 GOLDENROD STREET Address: 2522 WOOD OAK DRIVE City-St-Zip: SARASOTA, FL 34239 US City-St-Zip: SARASOTA, FL 34232 US Title: () Delete Title: (X) Change () Addition COOPER, DON COOPER, DON Name: Name: Address: 5111 O-BAR ROAD Address: 5111 O-BAR ROAD City-St-Zip: SARASOTA, FL 34241 US City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: () Change (X) Addition Name: Name: MCDANIEL, GEORGE Address: Address: 1455 GEORGETOWNE DRIVE City-St-Zip: City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W. STRAWSER **TREA** 01/07/2008