2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # N16655 03-27-2006 90260 005 ****61.25 1. Entity Name FOREST BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 23241 NE 160TH AVE. 23241 NE 160TH AVE. FT. MCCOY FL 32134 FT MCCOY FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2534642 Not Applicable Zip Country Zip 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 ERWIN, BILL Street Address (P.O. Box Number is Not Acceptable) 24765 NE 177 TERRACE FORT MC COY FL 32134 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. 🖟 Due By May 1, 2006 💮 🦠 Added to Fees Florida Department of State Charles The William Service OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TREASURER TR ☐ Delete TITLE TITLE ☐ Change Addition A GRIFFITH , SHAMON 14320 NE 192 LK NAME NEWLL, JOHN NAME STREET ADDRESS. 14414 NE 192 STREET STREET ADDRESS FORT MC COY FL 321.34 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition FOUNTAIN, G. RAYMOND NAME NAME 14895 N.E 202 PLACE STREET ADDRESS STREET ADORESS FT. MCCOY FL 32139 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition TITTLE, KIM NAME NAME STREET ADDRESS 14401 NE 202 LANE STREET ADDRESS FORT MC COY FL 32134 CITY-ST-ZIP CITY - ST-7/P DILE D ☐ Delete TITLE ☐ Change ☐ Addition HODGES, J B NAMÉ NAME STREET ADDRESS 15748 NE 235TH STREET STREET ADDRESS CITY-ST-ZIP FORT MC COY FL 32134 CITY-ST-ZIP ☐ Delete ☐ Change Addition HODGES, LINDA NAME NAME 15748 NE 235 STREET STREET ADDRESS STREET ADDRESS FORT MC COY FL 32134 CITY-ST-ZIP CITY-ST-7IP TR TITLE ☐ Delete TITLE Change ☐ Addition ERWIN, BILL NAME NAME 24765 NE 177 TERRACE STREET ADDRESS STREET ADDRESS FORT MC COY FL 32134 CITY-ST-ZIP CITY-ST-ZIP

thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED