


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N18818 1. Entity Name MILESTONE BAPTIST CHURCH, INC.	
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Principal Place of Business 3800 PINE FOREST RD CANTONMENT, FL 32533-7443 US	Mailing Address 3800 PINE FOREST RD CANTONMENT, FL 32533-7443 US
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03172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2221198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, JAMES F., JR. 2024 WINNERS CIR CANTONMENT, FL 32533
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**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORTON, PERRY 387 N. 57TH AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SEAY, RAYMOND 5510 PERKINS PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARRIS, R. TODD 2511 PINE FOREST ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLENN, MARVIN 2203 CRICKET RIDGE DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, DAVID 1320 PLATA CANADA CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JERARD 3900 ASHLAND AVE PENSACOLA, FL 32534

160000484833
04/12/06 00059-008 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:  **R. Todd Harris** **3/27/06** **850-494-3010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #