

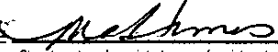
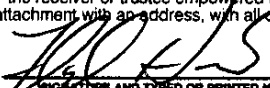


03-08-2006 90183 018 \*\*\*61.25

<b>DOCUMENT # N21645</b> 1. Entity Name <b>EVERGREEN BAPTIST CHURCH INCORPORATED</b>				<b>Secretary of State</b> 03-08-2006 90183 018 ****61.25	
<div style="text-align: right;"></div>					
Principal Place of Business <b>2509-224 ST LAKE CITY, FL 33024 US</b>		Mailing Address <b>2509-224 ST LAKE CITY, FL 33024 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01242006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2763971</b> <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOLT, SHERRY V RT 27 BOX 25165 LAKE CITY, FL 32024</b>				Name <b>MARIAN HIMES</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>136 SW HARTFORD WAY</b>	
				City <b>LAKE CITY</b> FL Zip Code <b>32024</b>	
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  <b>MARIAN HIMES</b> <b>CHURCH CLERK</b> <b>3-01-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KOON, EBB RT 14 BOX 24523 LAKE CITY, FL 32024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KOTTER, CARL 633 SOUTHWEST CURTAIN LN FT WHITE, FL 32038</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER FLOYD HIMES 136 SW HARTFORD WAY LAKE CITY FL 32024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHUMANN, HAROLD 26848 41 ST RD BRANFORD, FL 32008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>FLOYD HIMES</b> <b>3-1-06</b> <b>386-754-6628</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					