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

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # N25357 1. Entity Name 03-06-2006 90028 041 ****61.25 FIRST BAPTIST CHURCH OF CUYLER, INC. Principal Place of Business Mailing Address 11226 OSCEOLA RD ----PO BOX 608 GLEN ST. MARY FL 32040 GLEN ST. MARY FL 32040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2117400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 20 WASHINGTON JR, WILLARD W Street Address (P.O. Box Number is Not Acceptable) 21347 MEMORY LANE SANDERSON FL 32087 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) FILE NOW: FEE IS \$61.25 9:TElection Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition THILE TITLE ☐ Change Delete Tunya Rigdon 2077 6 Gods Acre LN. SUTTON, RICHARD F NAME NAME 773 PERRYMAN LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32221 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition WORTHINGTON, BILLY NAME NAME RT 1 BOX 575 N/A STREET ADDRESS STREET ADDRESS SANDERSON FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE SPARKMAN, DEBBIE NAME STREET ADDRESS STREET ADDRESS 19760 CREWS RD GLEN SAINT MARY FL 32040 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: Debaie Spartman Walling Spartman 2-23-06 259-8273

12. I hereby 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.