2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 13, 2005 DOCUMENT# N25933 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF MIDWAY, INC.

Current Principal Place of Business: New Principal Place of Business:

2902 E. MIDWAY RD PLANT CITY, FL 33565

Current Mailing Address: New Mailing Address:

2902 E. MIDWAY RD PLANT CITY, FL 33565

FEI Number: 59-1936407 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:

WEISSMAN, MITCHELL 2940 SPRING HAMMOCK DRIVE PLANT CITY, FL 33567

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:

(X) Change () Addition () Delete PHAGAN, JIM. WATKINS, MICHAEL, Name: Name:

3115 S. WIGGINS ROAD Address: 3229 LAMP RD Address: PLANT CITY, FL 33566 City-St-Zip: City-St-Zip: PLANT CITY, FL 33565

Title: PD () Delete Title: () Change () Addition

Name: TED MOTT, Name: Address: 4821 N. PLATT ROAD Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip:

Title: () Delete Title: () Change () Addition

TURNER, KATHRYN, Name: Name: Address: 2504 WILLIAMS ROAD Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

BUCHANAN, RUBY, Name: Name: 2710 N. WILDER ROAD Address: Address: City-St-Zip: PLANT CITY, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

NEWSOME, BARNEY, Name: Name: 2102 E. NEWSOME RD Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip:

Title: () Delete Title: () Change () Addition

MERCER, RAY. Name: Name: Address: 1747 JOE MCINTOSH ROAD Address: PLANT CITY, FL 33565 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL WEISSMAN RΑ 06/13/2005