2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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TRUSTEE CORPORATION OF THE WOODBINE BAPTIST CHURCH, INC. 40123006 Principal Place of Business Mailing Address 4912 WOODBINE RD 4912 WOODBINE RD PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #. etc. 07032007 CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-2797652 Not Applicable Zip Country 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 RAWSON, LAMAR 3329 INDIAN HILLS DR. Street Address (P.O. Box Number is Not Acceptable) PACE, FL 32571 City Zip Code 8.7 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME RAWSON, LAMAR NAME STREET ADDRESS 3329 INDIAN HILLS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE, FL 32571 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GILLIS, DOUG NAME STREET ADDRESS 4244 LANCASTER GATE STREET ADDRESS CITY-ST-7(P PACE, FL 32571 CITY-ST-ZIP Kay Howard 2889 GROYSTONE DR. TITLE Delete TITLE Addition MGCARTHY, SANDI NAME 4659 WINTERDALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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: 2 Daytime Phone #