## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 27, 2008 8:00 am Secretary of State DOCUMENT # N27823 1. Entity Name 05-27-2008 90035 023 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF SAN MATEO, INC. Principal Place of Business Mailing Address HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO FL 32187 HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO FL 32187 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2278315 Not Applicable Zio Country Zip 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 HAAS, LOIS M. Street Address (P.O. Box Number is Not Acceptable) 225 OLD PENIEL RD PALATKA FL 32177 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. Lam 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOMLINSON, WALLACE NAME 156 YELVINGTON RD STREET ADDRESS STREET ADDRESS EAST PALATKA FL 32131 CITY - ST- ZIF CITY-ST-ZIP TD TITLE ☐ Delate ☐ Change ☐ Addition HAAS, LOIS NAME 225 OLD PENIEL RD STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Change Delete Addition TITLE VARNADOE, HARRY" " NAME NAME Thomas, Johnny 121 WIPPLETREE ROAD STREET ADDRESS STREET ADDRESS. 125 Taylor Road Bostwick, FL 32007 CITY-ST-ZIP HOLLISTER FL 32147 CITY-ST-ZIP SD TITLE TITLE Delete X Change ☐ Addition TOMLINSON, PAULINE NAME Trent, Cindy 156 YELVINGTON RD STREET ADDRESS STREET ADDRESS 130 Fisherman Rd. CITY-ST-ZIP EAST PALATKA FL 32131 CITY-ST-ZIP Satsuma, FL 32189 Delete TITLE Change ☐ Addition WILSON, JAMES E NAME 119 LATESHA TERRACE STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TRENT, DUFFY NAME NAME 130 FISHERMAN RD. STREET ADDRESS STREET ADDRESS SATSUMA FL 32189 CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

Lois M. Haas SIGNING OFFICER OR DIRECTOR

4-30-08

(386)328-1377