
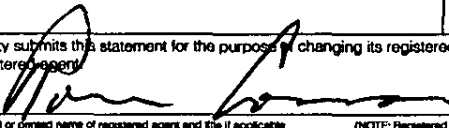
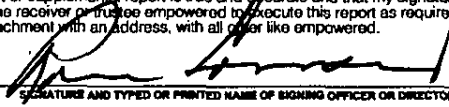


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # N33315 1. Entity Name FELLOWSHIP BAPTIST CHURCH OF STEINHATCHEE, FLORIDA, INC. | |  |
| Principal Place of Business 110 15TH STREET SE STEINHATCHEE, FL 32359 | Mailing Address PO BOX 172 STEINHATCHEE, FL 32359 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COWARD, RON 112 15TH ST. SE STEINHATCHEE, FL 32359 | | DO NOT WRITE IN THIS SPACE |
| 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:  Ron Coward <u>2/13/2008</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000834431 02/28/08-80053-003 61.25 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALLEN, RUBY 1304 1ST AVE SE STEINHATCHEE, FL 32359 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RENFROE, JUNE 453 KINGS CREEK CIR. STEINHATCHEE, FL 32359 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COWARD, RON 112 15TH ST., S.E. STEINHATCHEE, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  Ron Coward <u>2/13/2008</u> 352 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small> | | |



02132008 No Chg-NP CR2E037 (4/06)

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|---|--|
| 4. FEI Number 59-2920781 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |