



**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N34810</b>				Secretary of State 04-02-2007 90060 040 ****61.25	
1. Entity Name <b>BLACK POND BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>3644 OLD JENNINGS RD MIDDLEBURG, FL 32068 US</b>		Mailing Address <b>3644 OLD JENNINGS RD MIDDLEBURG, FL 32068 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-1903774</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALSINGHAM, DONALD 4007 MUSTANG RD MIDDLEBURG, FL 32068</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WATERS, ROGER SR	NAME	SILCOX E. W.		
STREET ADDRESS	4509 ALLABOARD DR.	STREET ADDRESS	1333 STARLING ROAD		
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	MIDDLEBURG FL 32068		
TITLE	D <input type="checkbox"/> Delete	TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONAWAY, JIM	NAME	CONAWAY, JIM		
STREET ADDRESS	5642 MAVERICK RD	STREET ADDRESS	5642 MAVERICK ROAD		
CITY-ST-ZIP	MIDDLEBURG, FL 33068	CITY-ST-ZIP	MIDDLEBURG FL 32068		
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STARLING, JUNIOR	NAME	BRASHER, BOBBY		
STREET ADDRESS	512 BRANSCOMB RD	STREET ADDRESS	2862 WATCH HAZEL ROAD		
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	MIDDLEBURG FL 32068		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREEN, MARK	NAME	WOOD, BRUCE		
STREET ADDRESS	2789 BLACK CREEK DR.	STREET ADDRESS	4620 HEDGEHOG STREET		
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	MIDDLEBURG FL 32068		
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIVINGSTON, JAMES	NAME	WALSINGHAM, DONALD		
STREET ADDRESS	999 OAK LANE	STREET ADDRESS	4007 MUSTANG ROAD		
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	MIDDLEBURG FL 32068		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Donald E. Walsingham</u> DONALD WALSINGHAM (904) 282-5569 3-28-2007					