2006 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN DOCUMENT # N37690 **Secretary of State** MAPLE GROVE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 120 E SR-78 NW 120 E SR-78 NW MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471 US 01302006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2353574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROWN, LOUISE** DO NOT WRITE 3735 OLD LAKE PORT RD. LAKEPORT, FL 33471 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. Jam familiar with, and accept the obligations of registered agent. ٥ SIGNATURE Signature, typed or printed name of registered agent and title 8 applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be 100000533863 US/06/06-80140-003 81.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME BECK, JERRY L STREET ADDRESS 9500 TED BECK RD CITY-ST-ZIP MOORE HAVEN, FL 33471 सार NAME BROWN, KENNETH A STREET ADDRESS 37385 OLD LAKEPORT RD CITY-ST-ZIP MOORE HAVEN, FL 33471 TITLE NAME **BROWN, LOUISE** STREET ADDRESS 3735 OLD LAKEPORT RD DO NOT WRITE CITY-ST-ZIP MOORE HAVEN, FL 33471 TITLE IN THIS SPACE NAME MCEACHIN, WM, T JR STREET ADDRESS 11042 ECHO AVE CITY-ST-ZIP MOORE HAVEN, FL 33471 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #