2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38822

FILED Feb 12, 2007 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF FROSTPROOF, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 327 96 WEST B STREET 96 WEST B STREET FROSTPROOF, FL 33843 US FROSTPROOF, FL 33843 US **New Mailing Address: Current Mailing Address:** P.O. BOX 327 P.O. BOX 327 96 WEST B STREET FROSTPROOF, FL 33843 US FROSTPROOF, FL 33843 US FEI Number: 59-1105012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANTLEY, JOHNNY 2251 CR 630 WEST FROSTPROOF, FL 33843 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLACKWELDER, LARRY Name: Name: 280 OVEROCKR CIRCLE Address: Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: () Delete Title: () Change () Addition HADDEN, CHERYL SEC Name: Name: Address: 511 WOOD AVENUE Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: () Delete Title: () Change () Addition CORDELL, RETHA TREA Name: Name: Address: 201 QUAIL Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: PD Title: () Change () Addition () Delete BRANTLEY, JOHNNY Name: Name: 2251 SR 630 WEST Address: Address: City-St-Zip: FROSTPROOF, FL City-St-Zip: Title: () Delete Title: () Change () Addition CROSBY, DAVID Name: Name: 302 S PALM AVE. Address: Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: () Delete Title: () Change () Addition RESPRESS, BOBBY Name: Name: Address: 1701 CR 630W Address: FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL HADDEN SEC 02/12/2007