2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 17, 2007 08:00 Al Secretary of State DOCUMENT # N45186 1. Entity Name BRANNONVILLE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 4113 BARBER ST PANAMA CITY FL 32404 4113 BARBER ST PANAMA CITY FL 32404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 59-3117237 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISLER, JACK L Street Address (P.O. Box Number is Not Acceptable) 4306 BRANNON ROAD PANAMA CITY FL 32404 City 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. FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By September 5, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete ■ Addition ISLER, JACK L U00000772352 08/17/07-80009-013 61.25 4306 BRANNON RD STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NORWOOD, GERALD T NAME 10731 JOHNSON BLVD. STREET ADDRESS STREET ADDRESS YOUNGSTOWN FL CITY-ST-ZIE CITY-ST-ZIP TITLÈ TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change 7171 F TATES Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-Z/P HILE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 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:

STORMOOD 8/3/67 850 - 763 - 6350