2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49389

FILED Jaņ 13, 2<u>00</u>8 Secretary of State

Entity Name: FIRST FREE WILL BAPTIST CHURCH OF SCOTTSMOOR, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 5830 TRAVIS AVE. SCOTTSMOOR, FL 32775 US **Current Mailing Address: New Mailing Address:** P. O. BOX 72 SCOTTSMOOR, FL 32775 US FEI Number: 59-2356702 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: MAYNARD, EDWARD SHAMBLIN, MICHAEL PASTOR 5829 VERMONT ST. 5829 VERMONT ST. SCOTTSMOOR, FL 32775 US SCOTTSMOOR, FL 32775 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: DUANE N BARNARD 01/13/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALLEN, CHARLES Name: Name: 5963 VERMONT AVE Address: Address: City-St-Zip: SCOTTSMOOR, FL 32775 City-St-Zip: Title: DCT () Delete Title: () Change () Addition HALLUM, LESLIE H Name: Name: Address: 5875 DIXIE WAY Address: City-St-Zip: SCOTTSMOOR, FL 32775 City-St-Zip: Title: () Delete Title: () Change () Addition BARNARD, DUANE Name: Name: 5901 STAMFORD ST. Address: Address: City-St-Zip: SCOTTSMOOR, FL 32775 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHAMBLIN, MICHAL Name: SHAMBLIN, MICHAEL Address: 5829 VERMONT ST Address: 5829 VERMONT ST City-St-Zip: SCOTTSMOOR, FL 32775 City-St-Zip: SCOTTSMOOR, FL 32775

I hereby certify that the information supplied with this filing does not qualify 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: DUANE N BARNARD **CLER** 01/13/2008