



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N50491 1. Entity Name FIRST BAPTIST CHURCH OF MINNEOLA, INC.			
Principal Place of Business 105 GALENA ST MINNEOLA, FL 34755 US		Mailing Address P.O. BOX 596 MINNEOLA, FL 34755	
<div style="text-align: right;">  02082006 No Chg-NP CR2E037 (11/05) </div>			
4. FEI Number 59-1706895		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKLAND, EARL 999 EAST PLUM LAKE LANE MINNEOLA, FL 34755			
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 reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	TS		
NAME	ASBURY, SARAH		
STREET ADDRESS	213 E CHESTER ST		
CITY-ST-ZIP	MINNEOLA, FL 34755		
TITLE	C		
NAME	TAYLOR, MARVIN		
STREET ADDRESS	10817 LIBBY ROAD		
CITY-ST-ZIP	CLERMONT, FL 34711		
TITLE	T		
NAME	TYNDAL, PRENTICE		
STREET ADDRESS	464 JUNIATA ST		
CITY-ST-ZIP	CLERMONT, FL 34711		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: <i>Sarah Asbury</i>		2-8-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	

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