2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

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Entity Name: FIRST BAPTIST CHURCH OF BRONSON, INC.

Current Principal Place of Business:

457 S. COURT ST.
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 520
BRONSON, FL 32621

New Mailing Address:

FEI Number: 59-1865703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARNETT, STEVE C
521 CAPITAL ST
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: BRAY, ETHAN
Address: 6050 NE 87 TERRACE
City-St-Zip: BRONSON, FL 32621 US

Title: T ( ) Delete
Name: MCKOY, MAC
Address: PO BOX 177
City-St-Zip: BRONSON, FL 32621 US

Title: D ( ) Delete
Name: BEAUCHAMP, WAYNE
Address: P.O. BOX 100
City-St-Zip: CHIEFLAND, FL 32626 US

Title: T ( ) Delete
Name: FLYNN, LEO
Address: 10391 NE 73RD STREET
City-St-Zip: BRONSON, FL 32621 US

Title: TM ( ) Delete
Name: WILSON, HARRIET
Address: PO BOX 44
City-St-Zip: BRONSON, FL 32621 US

Title: D ( ) Delete
Name: CONNER, JOE
Address: P O BOX 205
City-St-Zip: BRONSON, FL 32621 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NORRIS, JEANNIE
Address: 8991 NE 60 STREET
City-St-Zip: BRONSON, FL 32621 US

Title: T (X) Change ( ) Addition
Name: MCKOY, FRANK
Address: PO BOX 165
City-St-Zip: BRONSON, FL 32621 US

Title: D (X) Change ( ) Addition
Name: GOODSON, LONNIE
Address: P.O. BOX 35
City-St-Zip: BRONSON, FL 32621 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAULA JOHNSON SEC. 01/15/2007

Electronic Signature of Signing Officer or Director — Date