2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 04, 2005 8:00 am Secretary of State

Principal Place of Business Malifry Address 18100 NW 262 AVE 1	1. Entity Nám	MENT # N93000002 K GROVE BAPTIST CHUR	02-04-2005 90040 047 *****61.25								
Suite, Apl. #, efc. Suite, Apl. #, efc. Suite, Apl. #, efc. City & State Applicable For Sp. 2126499 S. Cardificate of Status Desired Sp. No. No. Applicable For No. Applicable For No. Applicable For No. Applicable For Sp. 2126499 S. Cardificate of Status Desired Sp. 212649 Street Address (F.O. Box Number in No. Acceptable) HUNTER, BILLY SR. 14905 PEGGY RD ALACHUA, FL 32815 Street Address (F.O. Box Number in No. Acceptable) Street	18100 NW 2	62 AVE	18100 NW 262 AVE						ILBIT BIBLE ILB	41 8 1 8 1 4 78 1	
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HUNTER, BILLY SR. 14905 PEGGY RD ALACHUA, FL 32615 City FL Zip Code		6. Name and Address of Current	Hegistered Agent	-	Name	7. Name and Addi	1038 OI 146W F	registered Ag	ent	:	
B. 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	14905 PEC	GGY RD				(P.O. Box Number is N	P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typind or protect agent and stell if applicable. (NOTE: Registered Agent agrature required when reinstalling) DATE	ALACHUA	, FL 32615				······					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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.

his	7 Lund	Chris	Hunter
IGNATURE A	ND TYPED OR PRINTED N	ME OF SIGNING OFFI	CER OR DIRECTOR

1-31-05

386.462-3390