2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N93000004079

Entity Name: SARDIS BAPTIST CHURCH, INC.

Current Principal Place of Business:

P.O. BOX 60
HWY 121
WORTHINGTON SPRINGS, FL 32697

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60
HWY 121
WORTHINGTON SPRINGS, FL 32697

New Mailing Address:

FEI Number: 59-3179169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIRSOL, ALFRED
11286 WEST CO RD 78
PO BOX 32/HWY 121
WORTHINGTON SPRINGS, FL 32697 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: ELIXSON, ALFRED
Address: P.O. BOX 60/HYW 121 N/A
City-St-Zip: WORTHINGTON SPRING, FL 32697

Title: D ( ) Delete
Name: PATRICK, JOHN
Address: P.O. BOX 60 HWY 121
City-St-Zip: WORTHINGTON SPRING, FL

Title: D ( ) Delete
Name: ELLIS, DWAYNE
Address: P O BOX 60/HWY 121 N/A
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: D ( ) Delete
Name: WHITEHEAD, CRISTI
Address: PO BOX 44 N/A
City-St-Zip: WORTHINGTON SPRING, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: WILLIAM STEPHENS PAST 04/21/2005

Electronic Signature of Signing Officer or Director — Date