2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

| DOCUMENT # N9400000150 1. Entity Name MT. GILEAD MISSIONARY BAPTIST CHURCH, INC. | | | | | 01-24-2008 90 | 0029 025 ****61. | 25 | |
|--|---|---|--|---|------------------------|--|---|--|
| Principal Place of Business 1313 DIVISION AVENUE WEST PALM BEACH, FL 33407 MEST PALM BEACH, FL 33407 MEST PALM BEACH MEST PALM | | | 33407 | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | : | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01072008 | Chg-NP | CR2E037 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 65-0515 | 044 | | oplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate o | f Status Desired | S8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and A | ddress of New Re | egistered Agent | | | |
| DORITY, THEDORE M JR. | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1012 INDIAN TRACE CIR. #107 WEST PALM BEACH, FL 33407 | | | | | | | | |
| | | | 1015 City | Lake. | <u>Shore</u> | FL 型架 | 105 | |
| 8. The above | named entity submits this statement for | r the purpose of changing its re | gistered office or regi | istered agent, or both | , in the State of Flor | | and accept | |
| the obligat | ions of registered agent. | | | | | | | |
| | f | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: F | Registered Agent signature rec | quired when reinstating) | | DATE | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: F | | | | ake check payable to | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Camp Trust Fund Col | paign Financing ntribution. | \$5.00 May Be Added to Fees | Flori | ake check payable to da Department of Si | tate | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Camp Trust Fund Co | paign Financing Intribution. | \$5.00 May Be Added to Fees | Flori | ake check payable to da Department of SI | tate | |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF D ANDERSON, TOMMIE S R | 9. Election Camp Trust Fund Col RECTORS | ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIF | \$5.00 May Be Added to Fees | Flori | ake check payable to da Department of SI RS AND DIRECTORS IN Change | tate | |
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1130108

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