## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2008 8:00 am Secretary of State DOCUMENT-# N94000002550 03-28-2008 90039 048 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, INC. Principal Place of Business Mailing Address 823N 15TH ST MEXICO BEACH FL P.O. BOX 13691 MEXICO BEACH FL 32410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3245806 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dean Davis BROWN.-RALPH (P.O. Box Number is Not Acceptable) 5. 38 th 57. 8301 TRADEWINDS PO BOX 13557 MEXICO BEACH FL 32410 32410 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 Laura Billie Dean Davis m Bartal dat fift e. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ncitibbA.🔀 ☐ Delete TITLE ☐ Change BROWN, PATRICIA A Billie Dean Davis NAME MAME 117 C S. 38 th St. P.O. Box 13399 STREET ADDRESS 8301 TRADEWINDS, P.O. BOX 13557 STREET ADDRESS CITY-ST-ZIP MEXICO BEACH FL 32410 CITY-ST-ZIP Mexico Beach, FL 32410 CD TITLE Delote TITLE ☐ Change Addition BROWN, RALPH NAME NAME 8301 TRADEWINDS PO BOX 13557 STREET ADDRESS STREET ADDRESS MEXICO BEACH FL 32410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition BENTON, RAYE NELL NAME NAME 106 13TH ST HE 3 BOX 156-B STREET ADDRESS STREET ADDRESS MEXICO BEACH FL 32410 CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addit:on NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZiP ☐ Delete TITLE 1111.0 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED