

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90075 023 \*\*\*\*70.00

<b>DOCUMENT # N94000003535</b> 1. Entity Name <b>SUMTER BAPTIST ASSOCIATION, INC.</b>					
Principal Place of Business <b>4060 CR 108 OXFORD FL 34484 US</b>			Mailing Address <b>PO BOX 690 SUMTERVILLE FL 33585 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>59-3287509</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>HARRISON, JULIAN E 221 N. FLORIDA STREET BUSHNELL FL 33513</b>			7. Name and Address of New Registered Agent Name <b>C. W. MANN - Bailey</b> Street Address (P.O. Box Number is Not Acceptable) <b>3709 CR 214</b> City <b>Oxford</b> FL Zip Code <b>34484</b>		
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. SIGNATURE <b>C. W. Bailey</b> <b>C. W. Bailey</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KING, MIKE</b> <b>5599 CR 316A</b> <b>BUSHNELL FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KING, RYAN J.</b> <b>1082 CR 467</b> <b>LAKE PANASOFFKEE FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BAILEY, MANN</b> <b>PO BOX 218</b> <b>OXFORD FL 34484</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ALONSO, RANDY</b> <b>1084 CR 464</b> <b>LAKE PANASOFFKEE FL 33538</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THOMAS, RON</b> <b>125 W ANDERSON AVE</b> <b>BUSHNELL FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 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.					
<b>SIGNATURE: <u>Mann Bailey</u></b> <b>4/12/05</b> <b>3527482392</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					