-2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am DOCUMENT # N94000004210 **Secretary of State** 1. Entity Name 02-12-2007 90112 036 ****61.25 FAITH BAPTIST CHURCH OF MADISON, FL INC. Principal Place of Business Mailing Address 1135 E US 90 MADISON FL 32340 1135 E US 90 MADISON FL 32340 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number City & State Applied For 59-2292141 Not Applicable Zip Country Zip 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 MURPHY, AL SR Street Addi Number is Not Acceptable 221 SW FLORIDA LOOP MADISON FL 32340 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete HILL TITLE ☐ Change Addition NAME MURPHY, AL SR NAME STREET ADDRESS 221 SOUTHWEST FLORIDA LOOP STREET ADDRESS Solar- 118 S.W. Warren and CITY-ST-ZIP MADISON FL 32340 CITY-S1-ZIP THLE DVP ☐ Delete THE NAME WALLER, MADGE NAME STREET ADDRESS STREET ADDRESS 514 NE CELOSIA DR CITY-ST-7IP MADISON FL 32340 CITY-ST-ZIP ☐ Delete HILLE ☐ Change DST Addition NAME NAME MURPHY, VIRGINIA STREET ADDRESS STREET ADDRESS 221 SOUTHWEST FLORIDA LOOP CITY-ST-ZIP CITY-ST-7IP MADISON FL 32340 IHLE ☐ Delete 11TLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP mu ☐ Delete ☐ Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME STRUET ADDRESS STREET ADORESS CHY-ST-ZIP CITY S1-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

eas. 1-31-07

FILED