2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003343

FILED Apr 12, 2006 Secretary of State

Entity Name: HOLMES CREEK SOUTHERN BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 335 COPE ROAD CHIPLEY, FL 32428 **Current Mailing Address: New Mailing Address:** 335 COPE ROAD P O BOX 476 CHIPLEY, FL 32428 CHIPLEY, FL 32428 FEI Number: 59-1860887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOWNSEND, LAMAR 1621 BRICKYARD ROAD CHIPLEY, FL 32428 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TOWNSEND, LAMAR Name: Name: 1621 BRICKYARD RD. Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: Title: () Delete Title: () Change () Addition SCHAUBHUT, BOBBY Name: Name: Address: 1902 LIMESTONE LANE Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: Title: () Delete Title: () Change () Addition WESTERN, BW Name: Name: 533-A HIGHWAY 273 Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: () Delete Title: Title: (X) Change () Addition GRISSETT, BOBBY Name: HILL, LARRY Name: 1000 ORANGE HILL RD 3829 HWY 273 Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: GRACEVILLE, FL 32440 Title: () Delete Title: (X) Change () Addition MILES, BILLY E MILES, BILLY Name: Name: 307 COPE RD. 307 COPE ROAD Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: CHIPLEY, FL 32428 Title: () Delete Title: (X) Change () Addition METZ. SAMUEL MILES, GRANT Name: Name: Address: 2024 TRI-COUNTY AIRPORT RD. Address: 343 COPE ROAD SARASOTA, FL 342425 City-St-Zip: CHIPLEY, FL 32428 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BILLY MILES D 04/12/2006