

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90005 020 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
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| <b>DOCUMENT # N96000004458</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
| <b>1. Entity Name</b><br>EVERGREEN BAPTIST CHURCH OF BRADFORD COUNTY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
| <b>Principal Place of Business</b><br>8025 NW CR 125<br>NW COUNTY ROAD 125<br>LAWTEY, FL 32058 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                            | <b>Mailing Address</b><br>PO BOX 346<br>LAWTEY, FL 32058 US                                                                                                                                                                   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                                                                               |                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                                                               |                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             | City & State                                                                               |                                                                                                                                                                                                                               |                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                     | Zip                                                                                        | Country                                                                                                                                                                                                                       | <b>4. FEI Number</b><br>59-2352115    |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                                            |                                                                                                                                                                                                                               | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BUTLER, LISA<br>10474 NW CR 229<br>STARKE, FL 32091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Norma Griffis</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>8179 Edna Manning Road</u><br>City <u>Glen St. Mary, FL</u> Zip Code <u>32040</u> |                                       |  |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
| SIGNATURE <u>Norma Griffis</u> <u>Norma Griffis</u> <u>1/8/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             | <b>9. Election Campaign Financing</b><br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D <input type="checkbox"/> Delete<br>SAPP, JOE D JR<br>4127 NW CR 125<br>LAWTEY, FL 32058   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D <input type="checkbox"/> Delete<br>REDDING, RICHARD<br>3519 NW CR 125<br>LAWTEY, FL 32058 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D <input type="checkbox"/> Delete<br>HUGHES, ROGER<br>19670 NW 56TH AVE<br>STARKE, FL 32091 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                             |                                       |  |
| <b>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.</b> |                                                                                             |                                                                                            |                                                                                                                                                                                                                               |                                       |  |
| <b>SIGNATURE:</b> <u>Fidel Kelly</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | 1/8/08                                                                                     |                                                                                                                                                                                                                               | 904-782-3021                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             | <small>Date</small>                                                                        |                                                                                                                                                                                                                               | <small>Daytime Phone #</small>        |  |