2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003407

FILED Jan 15, 2008 Secretary of State

Entity Name: GADSDEN COUNTY BAPTIST ASSOCIATION, INC.

841 E JEFFERSON ST QUINCY, FL 32351

Current Mailing Address: New Mailing Address:

PO BOX 545 QUINCY, FL 32353

FEI Number: 59-2350104 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:

CLARK, B. SCOTT 337 EDWIN CLARK RD QUINCY, FL 32351 US

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:

itle: P () Delete Title: P (X) Change () Addition

Name: ADANK, GORDON Name: GRANT, HENRY
Address: 3768 EVENWOOD CT Address: P.O. BOX 122

City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: GRETNA, FL 32332 US

Title: TD () Delete Title: () Change () Addition

 Name:
 CLARK, B. SCOTT
 Name:

 Address:
 337 EDWIN CLARK RD
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:

 $\label{eq:title: VP (x) Delete Title: VP (X) Change () Addition} \end{minipage}$

 Name:
 GRANT, HENRY
 Name:
 HOUSTON, CHARLES

 Address:
 P.O. BOX 545
 Address:
 421 GOULD RD.

 City-St-Zip:
 QUINCY, FL 32353 US
 City-St-Zip:
 QUINCY, FL 32351 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PHILLIPS, ADINA
 Name:
 WHIGHAM, VIRGINIA

 Address:
 P.O. BOX 545
 Address:
 1105 W. FRANKLIN ST.

 City-St-Zip:
 QUINCY, FL 32353 US
 City-St-Zip:
 QUINCY, FL 32351 US

I hereby certify that the information supplied with this filing does not qualify 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: CLARK B. SCOTT TD 01/15/2008