2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # N97000004843 1. Entity Name 02-20-2006 90042 037 ****61.25 SOPCHOPPY SOUTHERN BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 117 CURTIS MILLS ROAD SOPCHOPPY FL 32358 P. O. BOX 128 SOPCHOPPY FL 32358-0128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3483087 Not Applicable Ziρ Country 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 Eddie Evans WEBSTER, WILLIAM H 20 PELAGIC PLACE Street Address (P.O. Box Number is Not Acceptable) SOPCHOPPY FL 32358 29 Ben Isler Street City Sopchoppy 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 Eddie Evins (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PC - Delete Change ☐ Addition STRICKLAND, DANIEL L NAME NAME 29 GIBSON RD 🏃 🦥 STREET ADDRESS STREET ADDRESS SOPCHOPPY FL 32358 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition Martin, Fraiser MARTIN, FRAISER NAME NAME P.O. Box 432 PO BOX 432 STREET ADDRESS STREET ADDRESS Panacea, FL 32346 PANACEA FL 32346 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Brooks, James Bernard 7400 Smith Creek Rd. LAWHORN, JOSHUA NAME STREET ADDRESS PO BOX 581 Keep Same NO Change ET ADDRESS SOPCHOPPY FL 32358 Sopchoppy, FL 32358 CITY-ST-7IP ST-7/P TITLE Change ☐ Addition STREET ADDRESS T ADDRESS CITY-ST-ZIP ST-ZIP TITLE Change ☐ Addition NAME STREET ADDRESS EET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 fustee empowered to execute this report as regarded 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 explowered.

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