FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SOKO.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE NAME F4 32437



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

N97000006683 (3)

EBRO BAPTIST CHURCH CORPORATION

Principal Place of Business Mailing Address 5360 CASEY ROAD 5360 CASEY ROAD 3. Date Incorporated or Qualified EBRO FL 32437 EBRO FL 32437 11/26/1997 4. FEI Number Applied For 59-3482714 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 5360 CASEY KOAD P. O. Box Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? E BRO EBRO FLORIDA FLO RID A ☐ Yes 💹 No Country Country This corporation owes or has paid the current year intengible 7 25 USA 29 32437 9. Name and Address of Current Registered Agent ÚSA 32437 Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BROOKINS **BROOKINS, EARL** Street Address (P.O. Box Number is Not Acceptable) 5462 SAVAGE ROAD EBRO FL 32437 83 EBRO 3243 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **パリング アイビ** DELETE 1.1 TITLE __ Change □ Addition TITLE MR. DAVID HANKS 14600 HWY. 815. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS RED BAY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE AJST EN Change Addition TITLE 2.1 TITLE MR. GRADY RUSHING 325 HOWELL BLUFF ROAD 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS BRUCE, PL 32455 CITY-ST-ZIP 2.4 CITY-ST-ZIP TRUSTE DELETE 3.1 TITLE Change Addition TITLE MR. JODY BROTKINS 3.2 NAME YLY SAVAGE ROAD 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an againess.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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Mar 09 1998 8:00am

Secretary of State