2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N98000000765

Entity Name: THE CHURCH OF PHILIP THE EVANGELIST OF SANTA ROSA BEACH, FLORIDA, INC.

Current Principal Place of Business:

111 DOLPHIN DR
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

111 DOLPHIN DR
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3494068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 US

Name and Address of New Registered Agent:

JENNINGS, PAUL W.
111 DOLPHIN DR.
SANTA ROSA BEACH, FL 32459 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: PAUL W.JENNINGS 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JENNINGS, PAUL W
Address: 111 DOLPHIN DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: CZARZASTY, JOHN
Address: RT 1, BOX 3405, SEAHORSE CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: ROBERTS, ROBIN F
Address: 420 PRIMROSE CIR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RUSSELL, DON
Address: 117 AZALEA DR.
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL W. JENNINGS D 04/29/2005
Electronic Signature of Signing Officer or Director — Date