

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2005  
Secretary of State**

DOCUMENT# 727864

Entity Name: MARIANNA BAPTIST TEMPLE, INCORPORATED

**Current Principal Place of Business:**

2494 HWY 71 S  
MARIANNA, FL 62244-253 US

**New Principal Place of Business:**

**Current Mailing Address:**

2494 HWY 71 S  
MARIANNA, FL 62244-253 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDERS, TIMOTHY N  
2345 SAPP RD  
COTTONDALE, FL 32431 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete  
Name: OXENDINE, GARY U  
Address: 3193 ADAMS ST.  
City-St-Zip: COTTONDALE, FL 32431 US

Title: PD ( ) Delete  
Name: SANDERS, TIMOTHY  
Address: 2345 SAPP ROAD  
City-St-Zip: COTTONDALE, FL 32431

Title: T ( ) Delete  
Name: JOHNSON, JASON T  
Address: 1399 MILLSPRINGS RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: T ( ) Delete  
Name: LAND, DONALD  
Address: 4991 LAND DR.  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: TIMOTHY SANDERS

PD

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date