

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 016 \*\*\*\*61.25

40004511



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number **63-0519158** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MCCLELLAND, EDDIE L  
 1320 HENDRICKS AVENUE  
 JACKSONVILLE, FL 32207-8621

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PT	<input type="checkbox"/> Delete
NAME	BLEDSE, BARRY	
STREET ADDRESS	7132 PINECREST	
CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRIGGERS, JAMES R	
STREET ADDRESS	1079 FAWNVIEW RD.	
CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE	VCO	<input type="checkbox"/> Delete
NAME	OGBURN, JENNIFER H	
STREET ADDRESS	250 CULPEPPER ROAD	
CITY-ST-ZIP	ECLECTIC, AL 36024	
TITLE	VTO	<input type="checkbox"/> Delete
NAME	SMITH, <del>PAUL</del> Paula	
STREET ADDRESS	30 JASMINE HOLLOW ROAD	
CITY-ST-ZIP	WETUMPKA, AL 36093	
TITLE	V	<input type="checkbox"/> Delete
NAME	RANDALL, J. THOMAS	
STREET ADDRESS	822 BRIDLEWAY CT.	
CITY-ST-ZIP	PIKE ROAD, AL 36064	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, GEORGE B	
STREET ADDRESS	202 WINCHESER WAY	
CITY-ST-ZIP	PRATTVILLE, AL 36067	

TITLE	Vice President for MINISTERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCRARY, William M.	
STREET ADDRESS	3113 Whitney Dr.	
CITY-ST-ZIP	Montgomery AL 36106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Bledsoe Barry Bledsoe 334-394-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #