2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # N05006 1. Entity Namo 03-21-2007 90040 006 ****61.25 FAITH BAPTIST CHURCH OF SILVER SPRINGS, FLORIDA, INC. Principal Place of Business Mailing Address 327 N CTY RD 314-A 327 N CTY RD 314-A SILVER SPRINGS FL 34488 US SILVER SPRINGS FL 34488 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2333089 Not Applicable Zip Country Zin 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 Street Address (P.O. Box Number is Not Acceptable) DAUNHAUER, FRED 8655 N.W 147TH AVE. RD. N HIGHWAY 314A SILVER SPGS, FL 32688 Zip Code 39488 City SILVER SPRINGS 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD MILE ☐ Delete Ш ☐ Change ☐ Addition NAME LYNCH, RAYMOD O. JR. NAME STREET ADDRESS STREET ADDRESS 1318 SE 173 TERR CITY-S1-7IP CITY-ST-ZIP SILVER SPRINGS FL TITLE DV ☐ Delete LITTLE Change Addition WALTON, ROGER NAME DAUNHAUER, FRED NAME 331 N HIGHWAY 314A STRLET ADDRESS STREET ADDRESS 8655 NE 147TH AVENUE RD. CITY-ST-ZIP SILVER SPRINGS FL CITY-ST-7IP 5 | VER SPRINGS, F2 34488 Delete HILE ☐ Change ☐ Addition NAME NAME OSGOOD, ROBERT G. STREET ADDRESS STREET ADDRESS 17315 SE 66TH ST. CITY - ST- 7IP CITY-ST-ZIP OCKLAWAHA FL TITUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORI SS CITY - ST- ZIP CITY ST-742 HILE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE шш Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP 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 eath; 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.

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