2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701354

FILED Feb 09, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF PINELLAS PARK. **Current Principal Place of Business: New Principal Place of Business:** 5495 PARK BOULEVARD PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** 5495 PARK BOULEVARD PINELLAS PARK, FL 33781 FEI Number: 59-6033537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STROUSE, JAY WILSON, JOHN 8798 56TH WAY N 7501 ULMERTON RD PINELLAS PARK, FL 33782 US APT 411 LARGO, FL 33771 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: JOHN WILSON 02/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **TRUS** () Delete () Change () Addition RINALDI, NICK Name: Name: 2841 39TH AVENUE NORTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: **TRUS** Title: () Delete () Change () Addition Name: GAEBE, KEN Name: Address: 8208 G STREET Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: TRUS () Delete Title: **TRUS** (X) Change () Addition WILSON, JOHN DAVIS, RICK Name: Name: 7501 ULMERTON RD., APT. 411 Address: Address: 8069 81ST WAY N City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33777 () Delete Title: Title: **TRUS** () Change (X) Addition Name: Name: COCHRAN, MARK Address: Address: 5616 RIDDLE RD City-St-Zip: City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN WILSON TRUS 02/09/2009