

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2009  
Secretary of State**

DOCUMENT# 707733

Entity Name: THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

1717 13TH ST  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

1717 13TH ST.  
ST. CLOUD, FL 34769 US

**New Mailing Address:**

FEI Number: 59-1163072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BLAIR, BRENDA  
1717 13TH ST  
SAINT CLOUD, FL 34769 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: C ( ) Delete  
Name: CANNATA, PETER M  
Address: 5372 WHISPERING PINE CR.  
City-St-Zip: ST. CLOUD, FL 34771

Title: TD ( ) Delete  
Name: KNOLLINGER, LOWELL  
Address: 655 GRAPE AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VC ( ) Delete  
Name: WADE, WILLIAM  
Address: 4813 JEANETTE COURT  
City-St-Zip: ST CLOUD, FL 34771

Title: S ( ) Delete  
Name: SMITH, PAUL  
Address: 2940 HARVEST LANE  
City-St-Zip: KISSIMMEE, FL 34744

**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 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: BRENDA BLAIR

RA

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date