2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 709103

Entity Name: THE FIRST BAPTIST CHURCH OF ODESSA, INC.

Current Principal Place of Business:

1234 GUNN HWY
ODESSA, FL 335569303

New Principal Place of Business:

Current Mailing Address:

1234 GUNN HWY
ODESSA, FL 335569303

New Mailing Address:

FEI Number: 59-2034069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK, MARK
7315 FULLERTON COURT
NEW PORT RICHEY, FL 34655 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: TRD ( ) Delete
Name: FRANK, HEIDI
Address: 7315 FULLERTON COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete
Name: STEPHENS, LIGIA
Address: 19460 ANGEL LANE
City-St-Zip: ODESSA, FL 33556

Title: ST ( ) Delete
Name: MARTINEZ, JULIE
Address: 4502 NEW DAWN CT
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete
Name: PAULSEN, MARIA E
Address: 18093 SAILFISH DRIVE
City-St-Zip: LUTZ, FL 33558

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: TOM WADE RA 04/16/2009

Electronic Signature of Signing Officer or Director — Date