

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758930

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** FORT WHITE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

P.O. BOX 187  
FORT WHITE, FL 32038 US

**New Principal Place of Business:**

18302 SW 47  
FORT WHITE, FL 32038 US

**Current Mailing Address:**

P.O. BOX 187  
FORT WHITE, FL 32038 US

**New Mailing Address:**

**FEI Number:** 59-2890901      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTIN, MARGARET E  
395 S.W. STILLMAN AVE  
FORT WHITE, FL 32038 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: DT ( ) Delete  
Name: HOLLINGSWORTH, TERRELL  
Address: P O BOX 94  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: BROWN, CHRISTOR A  
Address: 19358 SW STATE RD. 47  
City-St-Zip: FORT WHITE, FL 32038

Title: T ( ) Delete  
Name: MARTIN, MARGARET  
Address: SW STILLMAN AVE  
City-St-Zip: FORT WHITE, FL 32038

Title: DT ( ) Delete  
Name: REVELS, JANICE  
Address: CABOOSE RD  
City-St-Zip: FT WHITE, FL

**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: TERRELL E. HOLLINGSWORTH

TREA

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date