

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837910

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** SOUTHERN BAPTIST FOUNDATION INCORPORATED

**Current Principal Place of Business:**

901 COMMERCE STREET  
STE 600  
NASHVILLE, TN 372033697

**New Principal Place of Business:**

**Current Mailing Address:**

901 COMMERCE STREET  
STE 600  
NASHVILLE, TN 372033697

**New Mailing Address:**

**FEI Number:** 62-0508097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOREMAN, MICHAEL L.  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 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: CTR ( ) Delete  
Name: CHAPMAN, MORRIS H  
Address: 901 COMMERCE ST  
City-St-Zip: NASHVILLE, TN 37203

Title: P ( ) Delete  
Name: WARREN, PEEK  
Address: 901 COMMERCE STEET  
City-St-Zip: NASHVILLE, TN 37203

Title: S ( ) Delete  
Name: CAMMUSE, MARGARET D  
Address: 901 COMMERECE ST  
City-St-Zip: NASHVILLE, TN

Title: VP ( ) Delete  
Name: ALBRIGHT, FAYE S.  
Address: 901 COMMERECE ST  
City-St-Zip: NASHVILLE, TN 372033697

Title: T ( ) Delete  
Name: GARNER, JUDY C  
Address: 901 COMMERCE ST  
City-St-Zip: NASHVILLE, TN 372033697

**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:

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: MARGARET D. CAMMUSE

S

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date