## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002925

FILED Feb 26, 2009 Secretary of State

| Entity Name: BAPTIST TOWERS FOUNDATION, INC. |  |   |   |  |  |  |
|--|--|---|---|--|--|--|
| Current P                                    | rincipal Place                             | of Business:  | New Princ                                   | New Principal Place of Business:             |  |  |
|  | ARON AVENU<br>VILLE, FL 322                |   |   |  |  |  |
| Current M                                    | ailing Addres                              | ss:   | New Maili                                   | New Mailing Address:                         |  |  |
|  | ARON AVENU<br>VILLE, FL 322                |   |   |  |  |  |
| FEI Number:                                  | : 59-3657249                               | FEI Number Applied For()                              | FEI Number Not App                          | icable ( )                                   | Certificate of Status Desired (X)                                    |  |
| Name and                                     | Address of C                               | Current Registered Agent:                             | Name and                                    | Name and Address of New Registered Agent:    |  |  |
| 1400 LEBA                                    | NON, MICHAEI<br>ARON AVE.<br>VILLE, FL 322 |   |   |  |  |  |
|  | named entity :<br>e of Florida.            | submits this statement for the p                      | ourpose of changing i                       | ts registered                                | office or registered agent, or both,                                 |  |
| SIGNATUR                                     | RE:  |   |   |  |  |  |
|  | Electror                                   | nic Signature of Registered Ag                        | ent   | Date   |  |  |
| OFFICERS AND DIRECTORS:                      |  |   | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MITCHELL, JO<br>4444 CATHEYS               |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | MITCHELL, JO<br>4444 CATHEN                  | X) Change ()Addition<br>OHN A III<br>/S CLUB LANE<br>LE, FL 32224 US |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CUTHBERTSOI<br>5535 COASTAL                |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MCQUAIG, DAY<br>4662 SWILCAN               | ) Delete<br>NSON<br>I BRANCH LANE S<br>E, FL 32224 US | Title:<br>Name:<br>Address:<br>City-St-Zip: | PRICE, JAME<br>1253 TIBER L                  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ROWE, LEE II<br>8343 ROYALW                |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PETTY, MASSE<br>3918 SAN BER               |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ()Addition  |  |

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 A MITCHELL III Ρ 02/26/2009