

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007824

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

501 OAK STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-0714834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKWITH, NONDUS G
501 OAK STREET
PALATKA, FL 32177 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: DP () Delete
Name: BATES, BEN
Address: RT 7 BOX 298
City-St-Zip: PALATKA, FL 32177

Title: DV () Delete
Name: TURNER, BILL
Address: 2605 FAIRWAY DR.
City-St-Zip: PALATKA, FL 32177

Title: DS () Delete
Name: DUPONT, MICHAEL
Address: RT 2 BOX 175
City-St-Zip: EAST PALATKA, FL 32131

Title: DT () Delete
Name: FRANK, SUSAN M
Address: 314 S 8TH STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BAKER, MARY
Address: 320 NORTH 3RD ST.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MURPHY, PEGGY
Address: 143 WATON RD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ADAMS, VERNON
Address: 5262 SILVER LAKE DR
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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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: NONDUS G. BECKWITH

RA

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date