

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N04000003442

Entity Name: CHIEFLAND BAPTIST CHURCH, INC.

Current Principal Place of Business:

12451 NW 85TH AVE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

11691 NW74TH COURT
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 73-1700391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, CARL W
11691 NW 74TH CT
CHIEFLAND, FL 32626 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: PDT () Delete
Name: HUDSON, JIMMY L
Address: 2000 ECLIPSE DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT () Delete
Name: COLSON, CARL W
Address: 11691 NW 74TH CT
City-St-Zip: CHIEFLAND, FL 32626

Title: DT () Delete
Name: CRAWFORD, MANUEL
Address: 77 SE 615TH STREET
City-St-Zip: OLD TOWN, FL 32680

Title: DT () Delete
Name: KIKENDALL, ROBERT
Address: 1844 YUKON COURT
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD (X) Delete
Name: HOWELL, JOHN
Address: 7251 SW 95TH AVE
City-St-Zip: CEDAR KEY, FL 32625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MEDFORD, WALTER M
Address: 5520 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32258

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

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

Title: DT (X) Change () Addition
Name: HOWELL, JOHN
Address: 7251 SW 95TH AVE.
City-St-Zip: CEDAR KEY, FL 32625

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: WALTER M. MEDFORD

PDT

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date